

# *Birthday Basket Order Form*

*Date of Delivery:* \_\_\_\_\_  
*Time of Delivery: (we can ask the teacher)*  
*Birthday Person:* \_\_\_\_\_  
*Class Room Teacher:* \_\_\_\_\_  
*Contact Name and Phone:* \_\_\_\_\_



*How Many?*

## **75 cent items**

\_\_\_\_\_ *Emoji Cup (100% fruit juice Italian ice)* (nut free, dairy free, gluten free)

\_\_\_\_\_ *Birthday Cake Ice Cream Cone* (manufactured in facility with tree nut/peanuts)

## **50 cent items**

\_\_\_\_\_ *100% Fruit Juice Box*

\_\_\_\_\_ *Linden Chocolate Chip Cookie* (nut free)



\_\_\_\_\_ *\$1.00 Surprise Gift for the Birthday Person*

.....  
\$ \_\_\_\_\_ *Total \$ Enclosed*

.....  
*Checks to: BKW Meal Programs*

*(Questions? Call Claire Groudine, Meal Programs Manager 872-5131)*



*To The Parent or Guardian of:*

*For the whole class or  
just the Birthday  
person!*

*# of students in class\_\_\_\_\_*