

Birthday Basket Order Form

Date of Delivery: _____

Time of Delivery: (we can ask the teacher)

Birthday Person: _____

Classroom Teacher: _____

Contact Name & Phone: _____



How Many?

75¢ items

_____ Crybaby Cherry Ice (100% fruit juice)

_____ Birthday Cake Ice Cream Cone

50¢ items

_____ 100% Fruit Juice Box

_____ Giant Goldfish Graham Cookie



_____  \$1.00 *Surprise Gift* for Birthday Person

\$ _____ Total \$ Enclosed

Make checks payable to: BKW Meal Programs

(Questions? Call Deb Rosko, Meal Programs Manager 518-872-5131)



To The Parent or Guardian of:

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

of students in class_____