

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 _____