

CONVENIENT OPTIONS FOR SMART CELEBRATIONS!

**BIRTHDAYS
SPECIAL DAYS
ANY CLASSROOM CELEBRATIONS**

**FROZEN TREATS \$1.00 EACH
ALL TREATS ARE BIG 9 ALLERGEN-FREE UNLESS INDICATED.**

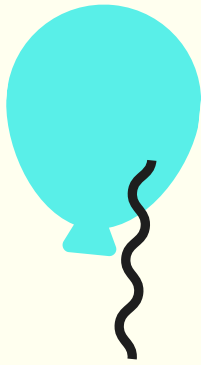
**SOUR CHERRY-LEMON SIDEKICK
STRAWBERRY-MANGO SIDEKICK
BLUE RASPBERRY-LEMON SIDEKICK
HOORAY! BANANA-CHERRY SIDEKICK
ASSORTMENT OF FRUIT SLUSHIE POUCHES**

AVAILABILITY OF ITEMS IS SUBJECT TO CHANGE DUE TO SUPPLY CHAIN DISRUPTIONS.

**MEETS USDA REQUIREMENTS FOR SMART SNACKS IN SCHOOLS.
AVAILABLE AT LUNCH FOR YOUR CHILD'S CLASS FOR ALL TO ENJOY!**

1. Complete order form found online or in participating school cafes.
2. Submit order and payment to the cafe at least 2 days* in advance.

**contact School Cafe Manager to confirm product availability 10 days prior to celebration.*



SMART CELEBRATIONS ORDER FORM

submit completed form and payment to School Cafe
at least 2 days* in advance of celebration

**contact School Cafe Manager to confirm product
availability 10 days prior to celebration.*

Child's Name: _____

Teacher's Name: _____

Date of Celebration: _____

Contact Person: _____

Phone #: _____

Total number of treats requested: _____

FROZEN TREATS \$1.00 EACH

COMPLETE FLAVOR REQUEST BELOW:

SOOR CHERRY-LEMON SIDEKICK _____

STRAWBERRY-MANGO SIDEKICK _____

BLUE RASPBERRY-LEMON SIDEKICK _____

HOORAY! BANANA-CHERRY SIDEKICK _____

ASSORTMENT OF FRUIT SLUSHIE POUCHES _____

AVAILABILITY OF ITEMS IS SUBJECT TO CHANGE DUE TO SUPPLY CHAIN DISRUPTIONS.

Classroom Celebrations can now be purchased using
funds from your child's GENERAL lunch account!

Select form of payment:

Cash

Check

Child's General Account

Do any students in this class have a food allergy? Yes: _____ No: _____

If yes, *clearly* list the student(s) name and allergen(s): _____

**Manager MUST notify menus team if a student has a food allergy.*

For Manager Use Only:

Date of Deposit: _____ Treat Qty: _____ Celebration Time: _____

Manager, keep this order form for your records.