BOMBER BIRTHDAY TREATS

Order Form

Teacher's Name & Room #: _____

Student Name: _____

(Please print) First Name Last Name

Snack Options

SNACK	Price Per Student		Quantity		Total
• **Ice Cream Cup** Choose 1: ☐ Chocolate ☐ Strawberry ☐ Vanilla	$1.00	x	_____	=	_____
• **Cookies** Choose 1: ☐ Chocolate Chip ☐ Sugar ☐ M&M ☐ Double Chocolate	$1.00	x	_____	=	_____
• **Rice Krispie Treat**	$1.00	x	_____	=	_____
• **Brownies**	$1.00	x	_____	=	_____

Total $ Enclosed:_____

Date and time of delivery: _____

- **Delivery Time:** The celebration snacks will be delivered to the classroom on the date specified. Prices include plates, napkins, and utensils.
- **Payment:** Submit this order form (along with payment) to the main office. Make checks payable to the Kohler School District. Turn in one week before your celebration. All revenue stays in the Kohler School District.

If you have questions, contact ksdchef@kohler.k12.wi.us. We look forward to helping you plan your celebration!