

Classroom Celebration Snack Request Form 2018-19

Please select the item(s) you wish to purchase and provide for your child's classroom celebration. Return the form **with payment** to your child's classroom teacher **one to two weeks prior** to date of celebration.

<u>DESCRIPTION</u>	<u>PRICE (qty 25)</u>
<input type="checkbox"/> Milk or Chocolate Milk (NEW)	\$ 6.25
<input type="checkbox"/> Mini Water Bottle (NEW)	\$ 5.00
<input type="checkbox"/> Sour Swell Cherry (NEW)	\$ 9.00
<input type="checkbox"/> Frozen Yogurt Cup [Non Fat], Chocolate, Vanilla	\$10.00
<input type="checkbox"/> Rich's [Low Fat] Cookie Crunch Ice Cream Cone	\$12.00
<input type="checkbox"/> Rich's [Low Fat] Ice Cream Sandwich	\$12.00
<input type="checkbox"/> Otis Spunkmeyer Reduced Fat Cookies, Chocolate chip, Oatmeal Raisin, Sugar and Carnival	\$ 8.00
<input type="checkbox"/> Smart Food Popcorn (Gluten Free)	\$ 9.00
<input type="checkbox"/> Otis Spunkmeyer Delicious Essentials, Reduced Fat Blueberry Muffin	\$10.00
<input type="checkbox"/> Otis Spunkmeyer Delicious Essentials, Reduced Fat Chocolate Chocolate Chip Muffin	\$10.00
<input type="checkbox"/> Baked Lays (Gluten Free)	\$11.00
<input type="checkbox"/> Fresh Vegetable platter with Dipping Sauce	market price
<input type="checkbox"/> Fresh Whole Fruit Basket (Assorted Types of Whole Fresh Fruit)	market price

**** For pricing on vegetable platters and fruit baskets please contact Pattie Sola****

Please submit check made out to **Region 14 Schools** along with the Classroom Celebration Snack Request Form.

School: _____

Total Payment Amount: _____

Teacher name/Room #: _____

Date of Celebration: _____

Time of Celebration: _____

Parent Name: _____

Telephone: _____

Nutritional information and ingredient lists available by contacting
Food Service Director, Peter Brooks at 203-263-3190 or PBrooks@ctreg14.org