

Birthday Treat Order Form

Let us help you coordinate your child's birthday treats! We will work with your child's teacher to plan the perfect time and deliver the treats to the classroom.

Child's Name: _____

Child's homeroom/teacher: _____

Child's Birthdate: _____

Date treats are requested, if not the birthdate: _____

(NOTE: we will do our best to deliver on the day you would like, but will contact you if conflicts arise)

Parent's Name: _____

Parent's Contact Phone &/or email: _____

TREAT SELECTION: (\$12 per 25)

25 ea - Chocolate Chip-M&M Cookies



25 ea - Strawberry-Swirl Sundae Cups



25 ea - Chocolate-Swirl Sundae Cups

25 ea - Cherry-Blue Raspberry Sorbet Cups
ALLERGEN FREE!



_____ **Additional Treats (\$.50 each)**
(amount needed)

To place order, please return this completed order form and payment (cash/check) to Brillion Public Schools - Food Service. No orders will be taken without payment.

Orders must be placed TEN DAYS prior to date needed to ensure availability.

Questions....please contact:

Melissa Mydlo, Food Service Director
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Jody Schwarz, Food Service
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