 **Birthday Treats Order Form**

|  |  |
| --- | --- |
| Child’s Name: | Grade: |
| Teacher’s Name: | |
| Parent’s Name: | |
| Email: | Phone: |
| Date Required: | |

**Please Note: Birthday Treats are NOT available on the following dates:**

|  |  |
| --- | --- |
| **2018** | **2019** |
| September 10, 11, 19, 24, 25 | January 1-4 |
| October 1, 2, 8 | February 1, 14, 15, 18 |
| November 9, 23 | March 15, 25-29 |
| December 24-31 | April 19-26 |
|  | May 20 |
|  | June 10, 26, 27, 28 |

**Ice Cream Sandwiches:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $1.00 = Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*#of Children& Teachers*

**Popsicles:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $0.50 = Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*#of Children& Teachers*

**Mini Cupcakes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_$0.50 = Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*#of Children& Teachers 1 or 2 per person*

**Please select mini cupcake flavor:**

\_\_\_\_\_\_\_ Chocolate

\_\_\_\_\_\_\_ Vanilla

\_\_\_\_\_\_\_ One of each (if ordering two per person)

**If you have any questions please Contact Lori Bickman (**[**lbickman@shaw.ca)**](mailto:lbickman@shaw.ca)) **or**

**Maria Oppenheim (**[**maria.angelica@gmail.com)**](mailto:maria.angelica@gmail.com))**.**