

# St Peter Catholic School

## Celebration Form

If you would like to order a special treat for your special student please email this form to

\_\_\_\_\_ at least 3 days prior to the day of the event.

Please mark the number of each desired treat.

Guardian or parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Students Name \_\_\_\_\_

Teachers Name \_\_\_\_\_

Date of event \_\_\_\_\_

Glazed donut QTY \_\_\_\_\_ PRICE \$ 1.00

Large Chocolate chip Cookie QTY \_\_\_\_\_ PRICE \$ 1.00

Ice Cream Cup 4oz QTY \_\_\_\_\_ PRICE \$ 1.25

Vanilla Cupcake with Sprinkles QTY \_\_\_\_\_ PRICE \$ 1.75

The student's lunch account will be charged accordingly on the day of the event.

The charge will appear as a single charge that says

"Celebration Order"

Please direct all questions to Josh Stonecypher

Email: jstonecypher@maschiofood.com

