

# Birthday Basket Order Form

Date of Celebration \_\_\_\_\_  
Time of Celebration: We will contact teacher \_\_\_\_\_  
Birthday Person: \_\_\_\_\_  
Class Room Teacher: \_\_\_\_\_  
Contact Name and Phone \_\_\_\_\_



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How Many?

**50 cent items**

\_\_\_\_ 100% Fruit Juice Box

\_\_\_\_ String Cheese Snack Stick

\_\_\_\_ Crybaby Cherry Ice (100% fruit juice)

\_\_\_\_ Giant Goldfish Gram Cookie



 Total \$ Enclosed \_\_\_\_\_ Checks to: Greenville Meal Programs

(Questions? Call Ellis Elementary Cafe, 966-5070 ext 329)



*To The Parent or Guardian of:*

*For the whole class or  
just the B'Day  
person!*

*# of students in class \_\_\_\_\_*