

BIRTHDAY TREAT ORDER FORM

Student Name _____ Parent Cell # _____

Student Grade _____ Date of Birthday Celebration _____

Please indicate what flavor cupcakes you would like to order and the quantity:

_____ Cupcakes (\$1.00 each)



_____ Chocolate

_____ Vanilla

_____ Chocolate Frosting

_____ Vanilla Frosting

Total Number of Cupcakes _____

Chocolate Chip Cookies (\$1.00 each)

Total Number of Cookies _____



Total Amount Enclosed \$ _____

PLEASE MAKE CHECKS OUT TO J CAFE.

All orders must be placed at least **A WEEK** in advance and must be accompanied by payment in full. **No other birthday treats are allowed.**

Parents must provide all paper goods for the class (napkins, plates, cups.)

Bakery items are from J Cafe

