

Celebration Form

If you would like to order a special treat for your special student please email this form to **food.service@rosarian.org** at least 3 school 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 _____

Churros QTY_____ PRICE \$1.25

Chocolate Chip Cookies QTY_____ PRICE \$.50

Chocolate Chip Brownies QTY_____ PRICE \$1.25

Healthy Snack Box QTY_____ PRICE \$1.75

Fruit Juice QTY_____ PRICE \$.75

Bottled Water QTY_____ PRICE \$.75

Glazed Donuts QTY_____ PRICE \$1.00

Ice Cream QTY_____ PRICE \$2.00

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 _____

Email: _____