



Student Party Snack Order Form

Today's Date:

Initialed by person receiving order:

Please fill out this form and return it with payment to the school cafeteria **2 weeks prior to the date needed.**
Send in envelope marked Student Snack Order Form with cash or check made payable to EASD Café Fund.

Student Name: _____

Building: _____

Teacher Name/ Room #: _____

Date Needed: _____

Item: _____ Quantity: _____ X \$ _____ = _____

Item: _____ Quantity: _____ X \$ _____ = _____

Item: _____ Quantity: _____ X \$ _____ = _____

Item: _____ Quantity: _____ X \$ _____ = _____

Total Due: _____