

pre-payment.

Glenwood Community School District

Food Service Department 901 North Vine St Glenwood, IA 51534 Phone: 712-527-5029 Fax: 712-527-4792 E-mail: <u>foodservice@glenwoodschools.org</u>

CLASSROOM CATERING ORDER FORM HOLIDAY TREATS

Parent's Full Name:	Student's Name:
Phone Number:	E-mail Address:
Current Date:	Delivery Date:
Building:	Teacher:
Method of Payment: Pay out of student account	Cash Check #

Qty	Description	Unit Price	Line Total
	Holiday Cake (Cut into 30) Unless otherwise specified	\$18.00	
	Sugar Cookies with Sprinkles	\$0.35	
	Chocolate Chip Cookies	\$0.35	
	Rice Krispy Treat	\$0.75	
	Motts Fruit Snack – Gluten free	\$0.50	
	Boom Chicka Pop - Kettle corn – Gluten Free	\$0.75	
	Apples	\$0.50	
	Fruit Punch Juice Box	\$0.50	
	Orange Juice	\$0.50	
	Apple juice	\$0.50	
	Milk – White or Chocolate	\$0.50	
is to be of Fill this f	bu for your order. Please submit payment prior to the delivered. Payment may also be made from your child orm out and send it with your payment. Please make or Schools Food Service. No orders will be made or	's meal account.	Total