

Otto-Eldred BIRTHDAY Celebration Order Form



Student Name : _____ Grade: _____ Homeroom: _____

Parent Name: _____ Phone Number: _____

I would like to order **24** Cookies _____ for \$15.00

Fruit & Veggie Tray prices available upon request

Date wanted: _____

****Please note date changes may be made due to testing or other school activities!**

48 hour notice is requested ~thank you!

Payment is due WITH the order or you may pay from your students account.

Checks made payable to OEES

Forms may be printed off at OEES.org

If you have any questions please call me at 817-1391

Thank you,

Valerie Nichols , Kitchen Manager

Teacher Portion :

Number of Students: _____

Confirm Date: _____

Notes: _____

Cafeteria ONLY

Date order received _____ Pd _____