

Classroom Birthday Party

* All Snacks meet school nutrition requirements and are smart snack approved*

The contraction of the contracti			
		Total Party Price:	(cash or check: make payable to East Palestine Cafeteria)
		STUDENT NAME :	
GRADE:			
HOME ROOM TEACHER:			
DATE OF PARTY:			
PARENT OR GUARDIAN CONTACT:			

* payment due by date of party *

PHONE NUMBER:

TEACHER PLEASE PROVIDE A PARTY DELIVERY TIME : _____

NAME:_____

