



BIRTHDAY PIZZA ORDER FORM

* PLEASE GIVE THIS ORDER TO THE KITCHEN MANAGER
AT LEAST 5 WORKING DAYS IN ADVANCE. THANK YOU. *

STUDENT'S NAME:

SCHOOL:

GRADE:

TEACHER:

NUMBER OF PIZZAS (students & teacher): \$17.00

(includes 1 sheet pizza, milk or juice and 1 ice cream coupon
for birthday boy/girl)

CHEESE, SAUSAGE, GARLIC or BREAKFAST(+\$2.00) (circle one)

NUMBER OF MILK: _____ OR JUICE: _____ incl.

TOTAL COST \$

PERSON PLACING ORDER:

ADDRESS:

HOME PHONE:

DATE NEEDED:

The person placing the order should notify the teacher & let the kitchen know what time they would prefer the order to be ready. The order may be picked up in the kitchen.

PLEASE MAKE CHECKS PAYABLE TO: "Phoenix CSD Food Service Dept."

SEND THIS ORDER, WITH PAYMENT, TO THE STUDENTS SCHOOL
KITCHEN:

Michael A. Maroun Elem. School
Attn: Brenda Alvarado
11 Elm Street
Phoenix, NY 13135

E. J. Dillon Middle School
Attn: Donna Parker
116 Volney Street
Phoenix, NY 13135

J. C. Birdlebough H.S
Attn: Ellen Wilson
11 Main Street
Phoenix, NY 13135

COPIES SENT TO:

TEACHER _____

KITCHEN _____

CUSTOMER _____