

Note: This is a "printer friendly" form and contains no graphics.

Bangor Township School's Food Services Treat Order Form
\$.50 per item

SCHOOL: _____ TEACHER: _____ DELIVERY DATE: _____

QUANTITY: _____ ORDER AMOUNT: \$ _____

STUDENT'S NAME: _____

PARENT'S NAME: _____

TELEPHONE: _____

CHOOSE THE TREAT YOU WISH TO PURCHASE.

____ ICE CREAM CUP

____ ICE CREAM SANDWICH (LOW FAT)

____ LOW FAT FUDGE BAR

____ ORANGE DREAM BAR (REDUCED FAT ICE CREAM WITH ORANGE SHERBET)

____ COOKIES (____ CHOCOLATE CHIP, ____ M & M, ____ SUGAR)

____ CHOCOLATE CHIP GRANOLA BAR

____ WHITE MILK

____ CHOCOLATE MILK

____ **Cupcakes** (CUPCAKES CAN BE PURCHASED BY SPECIAL ORDER. CALL SHELLEY BLAIR, FOOD SERVICE DIRECTOR, AT 684-7510, EXT. 279 FOR CURRENT PRICING AND FLAVORS)
