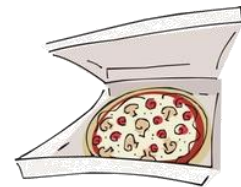




AUSD Classroom Pizza Party Order Form



This form is due 10 working days prior to date of event.

Payment for students not eligible for free or reduced meals will need to be paid for by the site.

Today's date: _____

School: _____

Contacts email: _____

Teacher: _____

Date of party: _____

Number of students: _____

Time requested: _____

Number of Adults: _____

Cheese Pizza or/ and **Pepperoni**

Served with fruit, vegetable, milk & special treat

Please select your form of payment for students who are in a paid status and all adults:

-Budget Code: _____

-Cash or Check

Teacher:

Please give an accurate class roll sheet of all students participating to the food service worker when picking up the food. **We cannot serve without a roll sheet. All leftovers must be returned to café with roster of students who participated.**

Principal approval

Date

Office staff:

Please send your request to Child Nutrition Services via email at Catering@alvord.k12.ca.us

We will send you a confirmation along with the amount owed. If you do not receive a confirmation please contact Child Nutrition Center at 951-509-6200.

Confirmed by: _____

CNC initials

Amount Due to CNS: _____

Please submit payment by: _____