



# Classroom Party



This institution is an equal opportunity provider.



## CLASSROOM CATERING ORDER FORM

Orders are due 3 weeks in advance. Please submit copy of participating student roster with names and ID numbers when placing orders.

Payment due prior to event.

School Name: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Person to Bill: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Celebrant's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please check the meal option:

Pizza Party



Sub Shop Party



Burger Bash



A La Carte Items Needed:

Items:	Quantity:

Please send orders to Joana Flor at [jcflor@capousd.org](mailto:jcflor@capousd.org)