

Cafeteria Order Form

Cookies: How Many: _____

Type:(circle one) Sugar Cookies - Sprinkles Y N

M&M

Chocolate Chip

Cupcakes: How Many _____

Chocolate or Vanilla (circle one)

Color Frosting: _____ Sprinkles: Y N

Brownies: How Many: _____

Powdered Sugar: Y N

***All Items are 64cents/piece**

Date Needed: _____

Teacher: _____ Grade: _____

Childs Name: _____

Parent Name: _____

Phone#: _____ Email: _____

Please make checks payable to **UCPS Child Nutrition**
and return this form directly to a cafeteria Staff Member



Robert (Scott) Baldwin

Title: CN-Manager

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