



Bomber Birthday Treats Order Form

School Location: Kohler School District

Teacher's Name & Room #: _____

Student's Name: _____

(Please print)

First Name

Last Name

Snack Options:

SNACK	Price Per Student	Quantity	Total
• ICE CREAM CUP	\$1.00	x _____	= _____
Choose 1:			
<input type="checkbox"/> Chocolate			
<input type="checkbox"/> Strawberry			
<input type="checkbox"/> Vanilla			
• COOKIES	\$1.00	x _____	= _____
Choose 1:			
<input type="checkbox"/> Chocolate Chip			
<input type="checkbox"/> Sugar			
<input type="checkbox"/> M&M			
<input type="checkbox"/> Double Chocolate			
• RICE KRISPIE TREAT	\$1.00	x _____	= _____
• BROWNIES	\$1.00	x _____	= _____
Total \$ Enclosed			<input type="text"/>

Date and Time of Delivery: _____

Delivery Time: The celebration snacks will be delivered to the classroom on date specified. Prices include plates, napkins and utensils.

Payment: Submit this order form (along with payment) to the main office. Make checks payable to:

Kohler School District

Turn in 1 week prior to your celebration.

We look forward to helping you plan your Celebration!

All revenue generated stays right here in Kohler School District.

If you have questions, contact Food Service Director Jeff Mallegni

Email: mallegnij@kohler.k12.wi.us • Phone: 920-803-7217