

It's A Pleasure to Serve You
Catering Your Way
Five Day Notice Requested ♥ Please Call 565-4230, Fax 565-4229 or
Email: hgregoire@longmeadow.k12.ma.us
Classroom Celebrations

Order Date _____ Date of Party _____
School Name _____ Grade/Teacher's Name _____
Child's Name _____ Type of Party _____
Parent's Name _____ Parent's Number _____
Quantity _____ Type _____ Amount _____

Favorite Cookie Platter \$.35 each
Your Choice of Fresh Baked Cookies
Choose From:
Chocolate Chip, Sugar, Carnival or Oatmeal Raisin



Please pay the school lunch cashier located in the cafeteria of your school. Please list on the payment envelope your name, your child's name, grade/teacher name, date of the party and that it's for a cookie order.

Checks are made out to: *Town of Longmeadow School Lunch*