WEST DES MOINES COMMUNITY SCHOOLS

Classroom Snack Order Form

Today's Date		
Your Name		
Student's Name		Student ID #
Mailing Address		
Phone Number		
Email Address		
Date of Event		
Time of Event		
Building/Room #		
Pick-up or Delivery?		

Item	Flavor(s)	Qty	Unit price	Total price
			TOTAL	$

See Classroom Snack Menu for more information

_____Check or cash included with order.

Checks should be made out to: WDMCS Nutrition

Questions? Contact Mandy McDaniel at mcdanielm@wdmcs.org

Order cannot be fulfilled if not pre-paid.

Kitchen Manager Initials