





## Request for Ice Cream Birthday Party

Child's Name:				
Teacher's Name:				
Provide ice cream for:	One Class:	\$25	Entire Grade:	\$50
Total Amount Enclosed: \$				ine of check: <u>Ice Cream for</u> yable to St. Bernadette School.)
Requested Date of Party:	Ice cream party requests need to be turned in a <i>minimum of 10 days</i> before requested date.			
Please note that Ice Cream Party date discretion of the teacher. Parent Contact Information:	es & times are	dependent o	n the individual class	s schedule and are at the
Contact Name:				
Telephone:				
Email:				

Please send form and payment to the front office, thank you!

## **Requests for December parties must be submitted no** later than November 15.

**Requests for parties must be submitted no later than May 17, 2024.** 

## NO parties will be scheduled in June.

*For the Office:*