



Yogurt Order Form

Student Name _____

Teacher /Room Number _____

All orders are due by Wednesday March 26th. No late orders will be accepted.

Please circle the dates that you would like to order frozen yogurt. We will be offering ONE flavour – Chocolate/Vanilla SWIRL. Yogurt will be delivered 1st break

April 1 April 8 April 15 April 22 April 29th

ordered _____ x \$2ea Total submitted _____