

CUSTOM QUART ORDER FORM

Please return this form with payment by the specified due date.

YOUR FLAVOR NAME use your imagination!	
TOPPINGS choose up to 2, Gluten Free marked (GF)	
☐ OREO COOKIES ☐ COOKIE DOUGH ☐ CHOCOLATE FLAKES (C☐ CHEESECAKE BITES ☐ BROWNIE BITES ☐ PUPPY CHOW (GF, I☐ SPRINKLES (UNICORN BARF, GF) ☐ PIE PIECES ☐ MARSHMALLOWS	PB)
PUMPS & FRUIT choose only 1, all Gluten Free	
☐ SALTED CARAMEL ☐ PEANUT BUTTER ☐ CHOCOLATE SWIRL ☐ CHERRY TOPPING ☐ BLUEBERRY TOPPING	
BASE FLAVOR choose only 1, all Gluten Free	
□ VANILLA □ CHOCOLATE □ BOTH (VANILLA/CHOCOLATE SWIRL	
REQUIRED PARENT INFORMATION PARENT NAME PHONE	
CHILD NAME	
☐ HAS NUT ALLERGY	
TEACHER NAME	
EMAIL (for pickup notification)	
□ JOIN EMAIL CLUB, if so what's your birthday? / / PARENT SIGNATURE	
*By signing this form, you understand that although we make attempts to keep toppi	ings



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^{*}By signing this form, you understand that although we make attempts to keep toppings and nuts separate, our food may contain peanuts or other nut products. You also agree to return this form with payment and pickup your quart on the specified dates. If you have any special requests or notes, please write on back.

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