

Student Name:	Soft Pretzel Order Form
Teacher Name:	Grade:
Please check off which day(s) you would like your during snack time:	r child to receive a soft pretzel
Monday Nov 1 st	
Wednesday Nov 3 rd	Return to your
Total \$ enclosed (\$1.00 each day):	teacher by Wed 10/27

My child requires a gluten free, hard pretzel option _____