|  |  |
| --- | --- |
| **Student’s Name:** |  |
| **Contact Number or email:** |  |
| **Date of party:** |  |
| **Where is the party:** |  |
| **Time of party:** |  |
| **Dietary Restrictions:** |  |

All Items are Gluten-Free, Nut-Free and Egg Free

Items can be made Dairy free and Soy free upon request.

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| **Each birthday party package will always come with the following:** |
| \* plates \* table cloth \* utensils \* cups \* beverage \* candles \* napkins |

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Please indicate by circling what you would like to order.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐**Brooklyn Bite Cookies (choose 1 or 2)** |  | ☐**Manhattan Mini Cupcakes** |  | ☐**The Queens Cake** |
| Oatmeal Raisin Chocolate Chip Mint Chocolate Chip Double Chocolate Chip Lemon/Original Sugar Brownie Bites |  | Vanilla Chocolate Chocolate Chip  **Icing**: Vanilla or Chocolate  Sprinkles |  | Vanilla Chocolate Chocolate Chip  **Icing**: Vanilla or Chocolate  Sprinkles |

**\*\**We ask that you give us 1 weeks’ notice to make sure your order is perfect!*\*\***

**We ask for a $30 suggested donation for each package. All donations go directly back to Café Rebecca to buy more ingredients and supplies. Thank you for your support!**

\*Cash Donations or Check Donations are accepted \* All donations are tax deductible upon request\* Please make check donations payable to: Rebecca Association for Autism

Orders can be email submitted to: Alison Schaffer at [caferebecca@rebeccaschool.org](mailto:caferebecca@rebeccaschool.org)