

MONASH COMMUNITY FAMILY CO-OPERATIVE LTD.

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CELEBRATION CAKE ORDER

- ★ \$15 per cake: charge will be added to fee account.
- ★ One week's notice is needed for order.

Child First Name: _____ Last Name: _____

Group/Room: _____

DATE & DAY NEEDED:

DAY (Please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
DATE:					

KNOWN FOOD ALLERGIES: **No** **Yes (please provide detail below)**

Parent Name: _____

Contact Number: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Amount invoiced: \$ 15

Date invoiced: / /2011