

GROUP SACK BREAKFAST REQUEST

GROUP	_____	DATE NEEDED	_____	DAY OF THE WEEK	_____
Meal used:	Breakfast	PICK UP DATE	_____		
		(If different than above date)			
ARRANGED BY	_____	PHONE #	_____		
NUMBER OF MEALS	_____	PICK-UP TIME	_____		

Breakfast is packed in Bulk Only

Breakfast Options:

Select Pastry amounts:
(1 Pastry per person)

MUFFINS	_____
DANISH	_____
BAGEL	_____

Drink Selections (Please check only 1)	APPLE JUICE	_____
	ORANGE JUICE	_____
	WATER	_____

All breakfasts also include one granola bar, a piece of fruit and a yougurt cup.

PLEASE RETURN THIS FORM TO FOOD SERVICE A MINIMUM OF 4 DAYS BEFORE MEALS WILL BE PICKED UP. THIS WILL PROVIDE US TIME TO ACQUIRE THE NECESSARY ITEMS FOR MEALS.

A LIST OF PARTICIPANTS AND ID NUMBERS IS REQUIRED BEFORE OR AS MEALS ARE PICKED UP (BEFORE IS PREFERED)

***If a list is not provided the department will be charged the entire amount.**

PARTICIPANTS WITHOUT MEAL PLANS WILL BE CHARGED TO YOUR DEPARTMENT

****There will be a \$25 charge for orders that need to be picked up outside of business hours.**

Our business hours are Mon-Fri 6am-8pm, Sat-Sun 8am-7pm.

(It is allowed to pick up during business hours the day before if you have proper refrigeration storage overnight.)

****There will be a \$25 charge for orders that are cancelled after the food has been prepared or not picked up.**