



Catering Box Breakfast Order

Camp Name _____

Contact Name _____

Work Phone _____ **Cell Phone** _____

Date Needed _____ **Time Needed** _____ **Pickup** _____ **Delivery** _____

For Delivery: Address _____

Total Box Breakfasts Needed _____

of Bagels

Plain _____
Whole Wheat _____
Cinnamon & Raisin _____
Very Berry _____

Total Bagels _____ *(equal to the total number of boxes ordered)*

of Spreads

Cream Cheese _____
Butter _____

Total Spreads _____

of Fruit

Apple _____
Banana _____
Orange _____

Total Fruit _____ *(equal to the total number of boxes ordered)*

of Beverages

Apple Juice _____
Orange Juice _____
Water _____
Powerade _____

Total Beverages _____ *(equal to the total number of boxes ordered)*

Return form to: Brittany Hulsey
200 West Green Street
Athens, Georgia 30602
britthulsey@uga.edu
tel 706-542-8412 | fax 706-542-7137