UGA FOOD SERVICES BOX BREAKFAST ORDER

CAMP NAME ____________________________________________

CONTACT NAME & PHONE: WORK__________________  CELL ___________________

DATE NEEDED: ____________  TIME NEEDED: ____________  PICKUP ____  DELIVERY____

For Delivery: Site/Address: _______________________________________________________

TOTAL BOX BREAKFASTS NEEDED: __________

# of BAGELS

PLAIN
WHOLE WHEAT
CINNAMON & RAISIN
VERY BERRY

TOTAL BAGELS __________ (equal to total number of boxes ordered)

# of SPREADS

CREAM CHEESE __________
BUTTER __________

# of FRUIT

RED, GREEN, OR YELLOW APPLE __________
BANANA __________
ORANGE __________

TOTAL FRUIT __________ (equal to total number of boxes ordered)

# of BEVERAGES

APPLE JUICE __________
ORANGE JUICE __________
Water __________
Power-Ade __________

TOTAL BEVERAGES __________ (equal to total number of boxes ordered)