UGA FOOD SERVICES BOX LUNCH ORDER

CAMP NAME _______________________________________

CONTACT NAME & PHONE: WORK_________________ CELL __________________

DATE NEEDED: ________ TIME NEEDED: ________ PICKUP ___ DELIVERY ___

FOR DELIVERY: SITE/ADDRESS: ____________________________________________

TOTAL BOX LUNCHES NEEDED: ________

# OF SANDWICHES

TURKEY & PROVOLONE ________ ___ Hoagie ___Croissant
ROAST BEEF & CHEDDAR ________ ___ Hoagie ___Croissant
HAM & SWISS ________ ___ Hoagie ___Croissant
VEGGIE SANDWICH ________ ___ Hoagie ___Croissant

TOTAL SANDWICHES ________ (equal to total number of boxes ordered)

CHECK ONE: Juice/Beverage
APPLE ___ ORANGE ___
WATER ___ POWERADE ___

# OF APPLES

RED APPLE ______
GREEN APPLE ______
YELLOW APPLE ______

TOTAL APPLES ______ (equal to total number of boxes ordered)

CHECK ONE:

CHOCOLATE CHIP ______
SUGAR ______
FUDGE BROWNIE CHUNK ______

Return to: Sandi Behr
Food Service Admin Office
200 W Green Street
Campus Mail
OR
Fax to 706-542-7137