

Cafeteria Lunch Tickets
Order Form- DECC
March 8-10, 2012

Team Number: _____
 Team Name: _____
 Contact Name: _____
 Contact Number: _____
 Contact E-Mail: _____
 Date: _____

THURSDAY:

Menu	Qty.	X	Price	=	Total:
BBQ Chicken, Veggies, Home Made Chips, Cookie, Milk, Coffee		x	\$9.00		\$.
Vegetarian Option		x	\$9.00		\$.

FRIDAY:

Menu	Qty.	X	Price	=	Total:
Spaghetti Breadstick, Salad, Cookie, Milk, Coffee		x	\$9.00		\$.
Vegetarian Option		x	\$9.00		\$.

SATURDAY:

Menu	Qty.	X	Price	=	Total:
Sandwich, Chips, Fruit, Cookie, Milk, Coffee		x	\$9.00		\$.
Veggie Wrap Option		x	\$9.00		\$.

TOTAL	\$.
--------------	------

Payment enclosed in the amount of \$ _____

Credit Card Payment:

Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Expiration Date: _____

Name as appears on Card: _____

Billing Address for Card: _____

Signature: _____

Orders and payments must be submitted by fax by Friday, March 2nd, 2012

ATTN: Betty Carlson

FAX: 218-722-4247 or email: admin@decc.org

Questions? 218-623-1215