



University of Northern Iowa Meal Ticket Order Form



March 24th – 26th

Team Number: _____

Team Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact E-mail: _____

THURSDAY, MARCH 24th – LUNCH 11:00 – 12:00 p.m.

PLEASE SPECIFY PREFERRED PICKUP TIME _____

MENU	Type(s)	Qty.	X	Price	=	Total
Bag lunch (Ham or Turkey Sandwich, chips, fruit, cookie) w/water	Ham			\$9.00		
	Turkey			\$9.00		
Pizza w/ bottle water (cheese/pepperoni/sausage) * 2 slices per person (8 slices per pizza)				\$7.50		
Gluten Free bag lunch Option (Ham or Turkey) –Gluten Free Bun	Ham			\$9.00		
	Turkey			\$9.00		
12 pack (cans) – Pepsi/Diet Pepsi/Mountain Dew/Diet Mt. Dew/Sierra Mist				\$12.00		
16oz bottled water (24 bottles per case))				\$24.00		

FRIDAY, MARCH 25th – LUNCH 12:00 – 1:00 p.m.

PLEASE SPECIFY PREFERRED PICKUP TIME _____

MENU	Type(s)	Qty.	X	Price	=	Total
Bag lunch (Ham or Turkey Sandwich, chips, fruit, cookie) w/water	Ham			\$9.00		
	Turkey			\$9.00		
Pizza w/ bottle water (cheese/pepperoni/sausage) * 2 slices per person (8 slices per pizza)				\$7.50		
Gluten Free bag lunch Option (Ham or Turkey) –Gluten Free Bun	Ham			\$9.00		
	Turkey			\$9.00		
12 pack (cans) – Pepsi/Diet Pepsi/Mountain Dew/Diet Mt. Dew/Sierra Mist				\$12.00		
16oz bottled water (24 bottles per case))				\$24.00		

SATURDAY, MARCH 26th – LUNCH 12:30 – 1:30 p.m.

PLEASE SPECIFY PREFERRED PICKUP TIME _____

MENU	Type(s)	Qty.	X	Price	=	Total
Bag lunch (Ham or Turkey Sandwich, chips, fruit, cookie) w/water	Ham			\$9.00		
	Turkey			\$9.00		
Pizza w/ bottle water (cheese/pepperoni/sausage) * 2 slices per person (8 slices per pizza)				\$7.50		
Gluten Free bag lunch Option (Ham or Turkey) –Gluten Free Bun	Ham			\$9.00		
	Turkey			\$9.00		
12 pack (cans) – Pepsi/Diet Pepsi/Mountain Dew/Diet Mt. Dew/Sierra Mist				\$12.00		
16oz bottled water (24 bottles per case))				\$24.00		

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

Credit Card Payment: ** The total will be charged in full to the credit card listed below

Credit card type: Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Expiration Date: _____

Name as appears on Card: _____

Billing Address for Card: _____

Signature: _____

Orders and payment must be submitted (fax or e-mail) by Thursday, March 14th, 2016 - Attention: Jenessa Troyer

Fax: 319-273-3081 or email: jenessa.troyer@uni.edu Questions: 319-273-6247