The 2018 Colonial Classic Synchronized Skating Competition

Box Meal Order Form

In coordination with the DCU Center, we are pleased to offer the following convenient box meal options to teams again this year!

Team Name:				
Contact Nam	ne:			
Contact E-Ma	ail Address:			
Contact Cell	Phone:			
Please	indicate meal period p	reference. Submit one for	m for each meal pe	riod.
	Saturday, 1/6/18 LUNCH	Saturday, 1/6/18 DINNER	Sunday, 1/7/18 LUNCH	8
	Includes Choice of Wra	Meal Choice: \$12 Each p, Deep River Potato Chip, Diet Pepsi or Bottled Wat	, Gourmet Cookie	
ROAST TURKEY	CLASSIC HAM	ROAST BEEF	VEGGIE & (GLUTEN FRE	HUMMUS EE WRAP)
# of meals:	# of meals:	# of meals:	# of meal	ls:
	BY TUESDAY, JANUA	1ITTED VIA EMAIL TO <u>AFEF</u> RY 2, 2018. PLEASE NO SU tween 11:00am – 2:00pm.	JBSTITUTIONS.	<u>DM</u>
	·	etween 4:00pm – 7:00pm.		
Location for pic	ck-up will be identified	upon arrival at the arena.		
Payment (MC, '	Visa, AMEX & Discover	accepted) due upon order	ing.	
Credit Card Au	thorization Form			
Card Type:	MC Visa	AMEX Discover		
Card Number:_		Ex	κρ Date:	VC:
Card Holder's N	lame:		Billing Zip Cod	le:

^{**}Box Meals will NOT be available for ordering once the competition has commenced.