



Boxed Lunch Form

Please **Print** Clearly

Name: _____

Organization: _____

Food Allergy: _____

Please select from the choices below. If you do not the Café will select for you or you may not get that item.

Type of Sandwich

| | | |
|-------------|-----|--|
| Ham | \$7 | |
| Turkey | \$7 | |
| PB&J | \$5 | |
| Cheese | \$5 | |
| Am cheese | | |
| Cheddar ch. | | |

Bread

| | |
|-------|--|
| White | |
| Wheat | |

Toppings

| | |
|---------|--|
| Lettuce | |
| Tomato | |
| Onion | |
| Ketchup | |
| Mustard | |
| Mayo | |

Chips

| | |
|---------|--|
| BBQ | |
| Plain | |
| Doritos | |
| Popcorn | |

Cookie OR Fruit

| | |
|---------------|--|
| Peanut Butter | |
| Choc. Chip | |
| Apple | |
| Orange | |

Drinks

| | |
|------------|--|
| Water | |
| Coke | |
| Dr. Pepper | |
| Sprite | |
| Diet Coke | |

