CKCSC-USA NATIONAL SPECIALTY BOX MEAL ORDER

Fillable form.

Name:		
Please complete on	ne sheet per person.	
Make your selection by checkin	ng the day(s) next to the option.	
LUNCH SE	<u>CLECTIONS</u>	
All selections include Dou	ubletree Signature Cookie.	
Beverage selection at	the bottom of the list.	
All lunches are	e \$20 per box.	
Option 1: Bistro Chicken Caesar Salad Crisp Romaine Hearts Tossed in our Creamy Caesar Dressin Boneless Chicken Breast.	Fri Sat Sun ng with Croutons and Shaved Parmesan, Topped with G	rilled
Check choice of dressing: Ranch Blue Che	eese Italian Balsamic Vinaigrette _	
Option 2: Turkey Sandwich Served with Chips, Apple, and Drink.	Fri Sat Sun	
Option 3: Ham Sandwich Served with Chips, Apple, and Drink.	Fri Sat Sun	
Check choice of beverage: Coke Diet Coke Beverage selection is assumed the same for all lunch meals		
TOTAL LUNCH BOXES: \$ TOTAL LUNCH C	COST: \$	
Enter number of lunch boxes and total cost on Summary of An	mounts Due.	