



**Rensselaer Polytechnic Institute  
FIRST ROBOTICS COMPETITION  
March 16 - 18, 2017  
Team Lunch Pre-Order**



Meal Choice #1 - \$9.00 Per Person*			
Turkey & Cheddar Sandwich, Ham & Swiss Sandwich, Veggie Wrap or Caesar Salad Served with Condiments, Individual Bag of Chips, Whole Fruit, Cookie, and Bottled Water			
<b>MEAL</b>	Thu: 3/16/17 Circle delivery time: 11am 12pm 1pm	Fri: 3/17/17 Circle delivery time: 11am 12pm 1pm	Sat: 3/18/17 Circle delivery time: 11am 12pm 1pm
	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>
	Turkey & Cheddar		
	Ham & Swiss		
	Veggie		
Caesar Salad			
<b>TOTAL:</b>			
	x 9.00 per person =	x 9.00 per person =	x 9.00 per person =

Meal Choice #2*						
12-Slice Square Pizza from Cusato's Pizzeria - Cheese \$12.00 -or- Pepperoni \$13.00 (Recommended 2-3 Slices/Person) Canned Soda & Bottled Water - \$1.50 each						
<b>MEAL</b>	Thu: 3/16/17 Circle delivery time: 11am 12pm 1pm	Fri: 3/17/17 Circle delivery time: 11am 12pm 1pm	Sat: 3/18/17 Circle delivery time: 11am 12pm 1pm			
	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>
	Cheese			*Pepsi		
	Pepperoni			*Diet		
				*Mist		
				*beverage additional cost	*Water	
	<b>TOTAL Cheese Pizza:</b>					
		x 12.00 per =	x 12.00 per =			x 12.00 per =
	<b>TOTAL Pepperoni Pizza:</b>					
		x 13.00 per =	x 13.00 per =			x 13.00 per =
<b>TOTAL Beverages:</b>						
	x 1.50 per =	x 1.50 per =			x 1.50 per =	

Meal Choice #3 - \$8.50 Per Person (Sat. 3/18/17 only will be limited to the 1st 200 guests)			
All You Care To Eat Lunch in a Specified Dining Hall (Hours 11:00 - 2:30pm) Includes: Entrée with Sides, Grill, Pizza, Deli, Pasta, Soup, Salad Bar, Vegetarian Options, Dessert and Beverages			
<b>MEAL</b>	Thu - 03/16/17	Fri - 03/17/17	Sat - 03/18/17
	<b>QTY</b>	<b>QTY</b>	<b>QTY</b>
	All You Care To Eat		
<b>TOTAL:</b>			
	x 8.50 per person =	x 8.50 per person =	x 8.50 per person =

\* ALL PRICES INCLUDE SALES TAX & ADMINISTRATIVE FEES

Team Information
------------------

Team Name _____	Phone Number _____
Any Dietary Restrictions _____	Contact Name _____

Method of Payment
-------------------

Cash _____	Credit Card (Visa/Mastercard) _____	Certified Check _____	PO # _____
<i>If requesting payment by PO Number, a valid credit card will be required as a secondary form of payment.</i>			
Credit Card # _____	Expiration Date _____		
Billing Address _____	Name On Card _____		

**ALL TEAM LUNCH ORDERS AND METHOD OF PAYMENT MUST BE FAXED/EMAILED TO SODEXO CATERING  
BY 12:00 PM ON MARCH 1st, 2017. • Rebecca.Hanesack@Sodexo.com**

ALL certified check payments must be received by March 1st, 2017 and should be mailed to: SODEXO, 2144 Burdett Ave, 2nd Floor, Troy, NY 12180

Please Note: Late orders will be up-charged \$1 per order

Questions & Special Dietary Needs please contact: Bethann Anthony at (518) 276-8420 or Bethann.Anthony@sodexo.com