

FIRST ROBOTICS 2024



DISCOUNT BOXED LUNCH - \$24.40 EACH (TAX & ADMIN INCLUDED)

***IF YOU ARE TAX EXEMPT IN THE STATE OF TEXAS YOU MUST SUBMIT THE TEXAS SALES & USE TAX EXEMPTION FORM IN ORDER FOR IT TO BE REMOVED**

PLEASE CIRCLE THE DESIRED TIME OF PICKUP BELOW:

MENU ITEMS	WEDNESDAY LUNCH QUANTITY	WEDNESDAY LUNCH PICKUP TIME	THURSDAY LUNCH QUANTITY	THURSDAY LUNCH PICKUP TIME	FRIDAY LUNCH QUANTITY	FRIDAY LUNCH PICKUP TIME	SATURDAY LUNCH QUANTITY	SATURDAY LUNCH PICKUP TIME
TURKEY & CHEESE SANDWICH CHIPS, BOTTLED WATER		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM
HAM & CHEESE SANDWICH CHIPS, BOTTLED WATER		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM
ROAST BEEF & CHEESE SANDWICH CHIPS, BOTTLED WATER		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM
GARDEN SALAD*(V) WITH RANCH DRESSING CHIPS, BOTTLED WATER		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM		11:00AM OR 1:00PM

***(V) = VEGETARIAN OPTION**

ORDER DETAILS

TEAM #: _____ TEAM NAME: _____

PICKUP PERSON NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

PLEASE EMAIL THIS FORM (TWO PAGES) TO KTUMA@LEVYRESTAURANTS.COM

YOUR ORDER IS NOT CONSIDERED COMPLETE UNTIL YOU RECEIVE AN EVENT ORDER AND FULL ADVANCE PAYMENT HAS BEEN MADE

ORDER DEADLINE: MARCH 29, 2024*

***orders received after deadline are subject to availability and 25% late fee**

CREDIT CARD AUTHORIZATION FORM

Please let this letter serve as my formal written authorization and approval for you to charge the below described credit card for any and all charges and costs associated with the event that is being held at the George R. Brown Convention Center. This letter shall constitute my express written permission for you to charge, to the extent not previously paid for, the credit card for the initial deposit, balance due before the event and additional charges incurred the day of the event.

Sincerely,

Credit Cardholders Name

Credit Card Information

Type of Card: _____

Credit Card Number: _____

Expiration Date: _____ CVN: _____

Name on Card: _____

Cardholder Signature: _____

Date Signed: _____

Cardholder Address: _____

Cardholder Phone Number: _____

Email Address for Receipt: _____

INSPIRED
CATERING