



# Meal Pre-Order Form

Please ensure you fill out all information to assure the accuracy of your order.

Coach Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Event: 2012 Science Olympiad

Please indicate the number of attendees and types of meals below.

	24-Feb	25-Feb	26-Feb
	Friday	Saturday	Sunday
Breakfast			
Lunch			
Dinner			

Total Breakfasts: \_\_\_\_\_ X \$6.90 per person = \_\_\_\_\_

Total Lunches: \_\_\_\_\_ X \$7.95 per person = \_\_\_\_\_

Total Dinners: \_\_\_\_\_ X \$8.95 per person = \_\_\_\_\_

Total = \_\_\_\_\_

**IMPORTANT!** - A Team Roster must accompany this form.

Method of Payment (Please Circle One)

Purchase Order

Cash

Check

Credit Card

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please fax this completed form to 575-835-5759 or e-mail to [kchafins@admin.nmt.edu](mailto:kchafins@admin.nmt.edu).