


GETTYSBURG
BOX LUNCH ORDER FORM

Office Use Only

CC Auth on File _____
 Tax ID on File _____
 Check received _____
 Invoice# _____

Group Name: _____

Date of Event: _____

Email: _____

Address: _____

Time of pick up: _____ Pick up: Group/Bus Lobby _____ Main Lobby _____ Other _____

Please check if your group plans to eat onsite. Pick up location will be Saloon Entrance: _____

One Site Contact Name & Phone: _____

(PLEASE NOTE: Delivery is available for boxed lunch orders of 50 or less boxes. Delivery charge is \$10 plus \$2 Per Mile.)

Boxed Lunch Selections

- #1: Thin sliced ham, Swiss cheese, lettuce/tomato on a soft roll
 - #2: Turkey breast, provolone cheese, lettuce/tomato on a soft roll
 - #3: Thin sliced roast beef, cheddar cheese, lettuce/tomato, on a soft roll
 - #4: Fresh Grilled Vegetable Wrap
 - #5: Peanut Butter & Jelly (Un-Crustable) (Grape or Strawberry)
- Includes: potato chips, a red delicious apple, a bottle of water (12 OZ), and 1 fresh-baked cookie.*

Please indicate the number of each selection in the spaces provided below and return to:

garrett.christina@aramark.com

[**SEND ORDER NOW**](#)

TOTAL NUMBER OF LUNCHES: _____

Ham - #1: _____ lunches + **Gluten Free** _____ lunches = _____

Turkey - #2: _____ lunches + **Gluten Free** _____ lunches = _____

Beef - #3: _____ lunches + **Gluten Free** _____ lunches = _____

Veggie - #4: _____ lunches + **Gluten Free** _____ lunches = _____

PBJ - #5: _____ Grape lunches _____ Strawberry lunches *(no gluten free option, no nut free option)*

Cost: \$12.50 per box lunch plus 6% PA sales tax. Please indicate below if you represent a Tax-exempt group/organization. All special request are subject to price increase per box.

Number of bus drivers: _____ Meal is comped/Turkey is the default. (1 per up to 40 paid lunches) DO Not Include in numbers above.
 Federal or Local PA State Tax Exempt ID#: _____ Certificate required **(Please include a copy of tax exempt form (PA/ Federal SALES TAX EXEMPT in order to be tax exempt) We appreciate receiving your order no less than 7 days prior to your visit.**
 A Completed Credit Card authorization is requested for all orders is required, see below for the form.

*****Aramark does NOT guarantee seating for boxed lunch groups. You are welcome to dine in the saloon or on the patio if there is availability. This order is not a reservation for the saloon seating.*****

CREDIT CARD AUTHORIZATION FORM

EVENT DATE: _____

GROUP NAME: _____

BILLING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

NAME AND TITLE OF ON-SITE CONTACT: _____

CHECK ONE OPTION: AMERICAN EXPRESS VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____ Security Code (CVC): _____

CARD HOLDER'S NAME AND TITLE: _____

I hereby authorize ARAMARK to apply all charges for services rendered to the above company on my credit card.

CARD HOLDER'S SIGNATURE: _____

*****ARAMARK requires a credit card on file for all clients for back-up purposes and/or on-site charges. Please fill out this form and return with signed contracts/Order Forms.**

*****ARAMARK will process the credit card on file within seven days of your event based on final count. Please note below if you would like to make other payment arrangements.**

Request Other Payment Method: _____

PLEASE RETURN THE COMPLETED FORM TO:

ARAMARK at Gettysburg National Military Park
1195 Baltimore Pike Suite 300 Gettysburg, PA 17325
Office: 717.334.0483 Fax: 717.334.1484
Garrett-christina@aramark.com