

by Compass Group

Pre-order form for FRC Tournament March 20th, 2025 to March 22nd, 2025.

**All pre-orders must be submitted by March 13th, 2025. Payment must be received before March 17th, 2025. Credit card, cash or cashier's check are accepted, no personal check or organizational checks will be accepted.

**Please email your order to <u>Melisa.RosalesOrtiz@compass-usa.com</u> & <u>iliana.ayala@compass-usa.com</u> **If you have any question, please contact us at 516-463-5395.

Team #:	Contact Name:	Phone:
Team Name:	Email:	

Boxed Lunches: served on chef's selection of fresh bread, whole fruit, cookies and a beverage

Kaiser Ro	lls	Quantity	American Cheese	Swiss Cheese	Coke	Diet	Sprite	Water	Total
PB & J	\$10.66								
Turkey	\$12.63								
Ham	\$12.63								
Roast Beef	\$12.63								
Chicken Salad	\$12.63								
Tuna Salad	\$12.63								
Veggie	\$12.63								
Turkey Swiss on Multigrain Roll	\$14.13								
Italian Sandwich	\$14.13								
Kosher	TBD								
Total									

Thursday March 20th, 2025

Friday March 21st, 2025

<u>Wraps</u>		Quantity	American Cheese	Swiss Cheese	Coke	Diet	Sprite	Water	Total
PB & J	\$10.66								
Turkey	\$12.63								
Ham	\$12.63								
Roast Beef	\$12.63								
Chicken Salad	\$12.63								
Tuna Salad	\$12.63								
Veggie	\$12.63								
Turkey Swiss on a wrap	\$14.13								
Italian Wrap	\$14.13								
Kosher	TBD								
Total									

<u>Heroes</u>		Quantity	American Cheese	Swiss Cheese	Coke	Diet	Sprite	Water	Total
PB & J	\$10.66								
Turkey	\$12.63								
Ham	\$12.63								
Roast Beef	\$12.63								
Chicken Salad	\$12.63								
Tuna Salad	\$12.63								
Veggie	\$12.63								
Turkey Swiss on a hero	\$14.13								
Italian Hero	\$14.13								
Kosher	TBD								
Total									

Saturday March 22nd, 2025



Credit Card Authorization Form

PLEASE PRINT OUT AN	ID COMPLE	TE THIS AUTHORIZ	ZATION AND RET	URN TO US.
All information will re	main confic	dential.		
Event Date:				
Catertrax #:				
Cardholder Name:				
Billing Address:				_
Credit Card Type:	Visa	Mastercard	 Discover	AmEx
Credit Card Number:				
Expiration Date:				
Card Identification N	umber (last	3 digits located o	n the back of th	e credit card):
Amount to Charge: \$		(USD)		
I authorize		to cha	arge the agreed	amount listed above to my credit
card provided herein	. I agree tha	at I will pay for thi	s purchase in ac	cordance with the issuing bank
cardholder agreemen	ıt.			
Cardholder – Print Na	ime, Sign a	nd Date Below:		
Signed:				
Dated:				
Name:				
Once signed return th	ne complete	ed form to:		
Hofstra University Ca	tering			
Attention: Melisa Ros	ales Ortiz			
Email: Melisa.Rosales	Ortiz@con	npass-usa.com and	d <u>iliana.ayala@c</u>	compass-usa.com