

#### by Compass Group

### Pre-order form for FRC Tournament March 20th, 2025 to March 22<sup>nd</sup>, 2025.

\*\*All pre-orders must be submitted by March 13th, 2025. Payment must be received before March 17<sup>th</sup>, 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