



## 2022 FIRST ROBOTICS LUNCH ORDER FORM

Show/ Event: \_\_\_\_\_ School Name: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Additional Information:**

Allergies: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Pick- Up Time: \_\_\_\_\_

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

*Minimum of 10 meals per order.*

*All orders require a pick-up time by 12:00pm (Noon)*

MENU ITEM	PRICE	SERVICE DATE	QUANTITY
<b>#1A</b> <b>Chicken Caesar Salad</b> <i>Grilled Chicken, Romaine Lettuce, Parmesan Cheese,            Caesar Dressing, Garlic Bread            Chips</i>	<b>\$10.00</b> per person		
<b>#1B</b> <b>Hot Dog Lunch</b> <i>Served with Ketchup &amp; Mustard            Chips</i>	<b>\$8.00</b> per person		
<b>#1C</b> <b>Roasted Turkey Wrap</b> <i>Roasted Turkey, Swiss Cheese, Spring Mix &amp; Tomatoes            Served on a wrap            Chips</i>	<b>\$10.00</b> per person		
<b>#1D</b> <b>Vegan Mediterranean Wrap</b> <i>Onions, Red Peppers, Spring Mix, Chickpeas and Olives            Served on a wrap            Chips</i>	<b>\$10.00</b> per person		

*All orders must be submitted by February 14th, 2022. Any changes or additions require three (3) business days/ NO CANCELLATIONS PERMITTED ON SITE.*

*All orders are subject to a 22% Management Fee and 7% Sales Tax*

20oz Coca Cola	\$4.25 Each		
20oz Diet Coke	\$4.25 Each		
20oz Sprite	\$4.25 Each		
16oz Bottled Water	\$4.25 Each		

**Scan and Email to: [Kelsi.Trites@Spectraxp.com](mailto:Kelsi.Trites@Spectraxp.com)**

### **Payment Terms**

*All Catered events are subject to a 22% management charge and 7% Florida State Sales Tax. Customer will provide a tax-exempt form if applicable. This Management charge is the sole property of the food and beverage service company or the venue owner, as applicable, is used to cover the party's costs and expenses in connection with the catered event (other than employee tips, gratuities, and wages), and is not charged in lieu of a tip. Customer agrees to pay caterer balance of the anticipated amount due no later than three (3) business days prior to the event. Arrangement for billing terms other than stated above, must be approved 30 days prior to the event.*

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*All orders are subject to a 22% Management Fee and 7% Sales Tax*



**THE PALM BEACHES**  
PALM BEACH COUNTY  
CONVENTION CENTER

650 Okeechobee Boulevard, West Palm Beach, FL 33401  
Office 561-366-3000 • Scan & Email to: jlovell@pbconventioncenter.com

**CREDIT CARD CHARGE AUTHORIZATION**  
(Please Print)

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Left Blank*

*For Credit  
Card Receipt*

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Billing Street Address: \_\_\_\_\_

Card Billing City, State & Zip: \_\_\_\_\_

Card Type:  American Express  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

CSV Code (3 Digits on Back of Card): \_\_\_\_\_

Telephone: \_\_\_\_\_

**GLOBAL SPECTRUM**

Reason for Charge:  Rent Deposit  Event Invoice or Estimate Payment

Amount Authorized \$ \_\_\_\_\_

I herby authorize **Global Spectrum** as Managing Agent for the Palm Beach County Convention Center to apply all charges for services rendered or which may be incurred by the above company or individual on my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVATIONS FOOD SERVICES**

Reason for Charge:  Food & Beverage Deposit  Food & Beverage Invoice Payment

Amount Authorized \$ \_\_\_\_\_

I herby authorize **Ovations Food Services** as food and beverage provider for the Palm Beach County Convention Center to apply all food and beverage charges incurred by the above company or individual on my credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_