

NAME:			CELL PHONE #					
Email Address:	mail Address: @bluefieldstate.edu May we text you regarding your order form?							
STUDENT ID #:								
MEAL REQUEST: Please in	dicate which day(s) ai	nd date(s).	Pick up be	tween 7am t	:o 7pm.			
Monday *5 Days Notice Required	Tuesday	Wed	nesday		Thursda	У	Friday	
WHY ARE YOU REQUES	TING A MEAL: (Please	mark one)					
	Classes During Meal I	Period	Student T	eacher	Clas	s Field Trip	Internship	
WHICH MEAL DO YOU N	EED? Lunch	Dinne	er					
PLEASE CHOOSE FROM THE FOLLOWING OPTIONS: (Please check your selections)								
Bag lunch will include,	Whole Fruit, Chips,	a Sweet T	Freat and y	our selecte	d sandw	ich as outlined	below:	
Choose your sandwich	:							
Turkey and	Cheddar (please be	sure you l	have acces	s to refrige	rator sto	rage)		
Ham and Cheese (please be sure you have access to refrigerator storage)								
Chicken Salad (please be sure you have access to refrigerator storage)								
Peanut Butter and Jelly								
Grilled Vege	etable Wrap (Vegan)	(please b	e sure you	I have acces	s to refr	igerator storag	ge)	
	den Salad (Vegan), D ure you have access an one day? Fill out th	to refrige	erator stor	•	Italian personal		enu.	
Monday	Tuesday	Wedn	iesday	Thursd	lay	Friday		

Monday	Tuesday	Wednesday	Thursday	Friday

PLEASE READ-Once you have completed this form, you will need to rename the file email it as an attachment to: knick-tamra@aramark.com and hunter-caitlyn@aramark.com or drop your order form at Big Blue Dining Hall with supervisor.

*If you have an allergen, reach out to management in Big Blue Dining Hall for accomodations.