



OVERNIGHT BREAKFAST ORDER FORM



DATE OF VISIT

Group Name: _____

Contact Name: _____

Contact Email: _____

Contact Cell: _____

QTY.	PRICE	BREAKFAST MEAL
	\$10.00	Choice of: (10 oz Tum-e Water included) Muffin OR Pastry Blueberry:____ Cherry Tart:____ Coffee Cake:____ Apple Danish:____
Qty. TOTAL:	TOTAL: \$	

Important Information:

- Grab & Go meals must be picked up by adult representative before 4:00 pm located in the Gift Shop building. Building closes at 4:00 p.m.
- No substitutions
- No refunds

Pre-order & payment deadline: 1 week prior to visit date.

All credit card payments accepted.
Email orders to: dennisC@stevies-kitchen.com