

# next stop **LUNCH PROGRAM**



## WEEKLY/DAILY LUNCH ORDER FORM

**LUNCH • \$8.00/DAY**

All lunches include a beverage. Snacks may be purchased at lunch and designated snack times for \$2/each.

This form is for session # \_\_\_\_\_ week # \_\_\_\_\_ from Mon \_\_\_\_\_ to Fri \_\_\_\_\_  
 (Date) (Date)

Camper's Name: \_\_\_\_\_

Color Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

<b>ENTREES: Choose One Per Day</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
Pizza					
Turkey Sub w/ Cheese & Chips					
Ham Sub w/ Cheese & Chips					
Hot Dogs with Chips					
Spaghetti					
Chicken Tenders w/ Celery & Carrots					
Peanut Butter and Jelly & chips					
Grilled Cheese and chips					

Return completed Lunch Forms to the **Concessions Staff** in the **Theater Lobby** or **FAX** them to **954-344-5980** **BEFORE 9:15AM.**

For any questions, please see the **Concessions Staff** in the theater lobby **BEFORE 9:15AM** or call **954-340-5006** any time after 2:00 PM

*If you are unable to reach the Concessions Staff, please call the  
 Next Stop Broadway Office: 954.344.5991 or EMAIL: NextStopBroadwayCS@gmail.com*

**PURCHASE A FULL WEEK OF LUNCH THROUGH OUR WEBSITE AT [NEXTSTOPBROADWAYCS.COM](http://NEXTSTOPBROADWAYCS.COM) →**



Please make checks payable to: **CSCA** (Coral Springs Center for the Arts)

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use:** Received \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid by: Cash \_\_\_\_\_ Charge \_\_\_\_\_ Check # \_\_\_\_\_