



DECC welcomes you to Duluth!

We are excited to host the Lake Superior and Northern Lights FIRST Robotics Regional Competitions!

The DECC will have a "lunch room" in the **Lake Superior Ballroom** near the competition fields. There will be ample seating for students, teachers, friends and family who wish to advance order our lunch "special" each day.

To order lunch for your team, simply fill out the attached order form and send it to:

- Betty Carlson
- Fax: 218-722-4247
- E-mail: admin@decc.org.

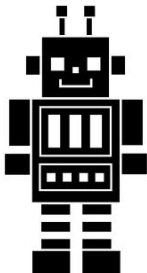
Orders are due to the DECC by Friday, February 28, 2014.

NOTE: if you do not advance order and choose to purchase meals for your team as you walk in each day, you will be subject to a higher rate per meal than the advanced orders. (\$10.00 per meal)

To Know:

1. We require 100% payment of the food purchased along with the completed order form. Lunch tickets are non-refundable.
2. Pre-paid lunch tickets will be available for pick-up after you arrive at the competition.
3. The lunch room is open from 11:45am-1:00pm Thursday, Friday and 11:30-1:30pm Saturday
4. If you have questions contact Betty directly at 218-623-1215.
5. In addition to the lunch room, we will also have concession stands and a coffee cart available to you each day of the competition.

We look forward to serving you,



Sheena E. Lorenz

Sheena E. Lorenz
DECC Event Planner

www.decc.org

Cafeteria Lunch Tickets

Order Form- DECC

March 6-8, 2014

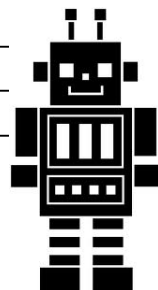
Team Number: _____

Team Name: _____

Contact Name: _____

Contact Number: _____

Contact E-Mail: _____ Date: _____



Circle One: Lake Superior Regional / Northern Lights Regional

THURSDAY: 3/6

Menu	Qty.	X	Price	=	Total:
BBQ Chicken, Carrot Sticks, DECC Chips, Cookie, Milk, Coffee, Water		x	\$9.25		\$.
Vegetarian Option		x	\$9.25		\$.

FRIDAY: 3/7

Menu	Qty.	X	Price	=	Total:
Spaghetti, (Meat or Vegetarian Options) Bread, Salad, Milk, Coffee, Water		x	\$9.25		\$.
Vegetarian Option		x	\$9.25		\$.

SATURDAY: 3/8

Menu	Qty.	X	Price	=	Total:
Turkey on Wheat Sandwich, Tortilla Chips & Salsa, Fruit, Cookie, Milk, Coffee, Water		x	\$9.25		\$.
Veggie Wrap Option		x	\$9.25		\$.

TOTAL	\$.
--------------	------

Payment enclosed in the amount of \$ _____

Credit Card Payment :

Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____

Expiration Date: _____

Name as appears on Card: _____

Billing Address for Card: _____

Signature: _____

Orders and payments must be submitted (fax or e-mail) by Friday, February 28, 2014

ATTN: Betty Carlson

FAX: 218-722-4247 or E-mail: admin@decc.org

Questions? 218-623-1215