UNITED STATES ACADEMIC DECATHLON
2010 NATIONAL FINALS
Omaha, Nebraska

BREAKFAST/LUNCH GUEST MEAL FORM

State: _____

The following meals are available for extra students and coaches.

To help with our planning, please indicate your choices for lunch on Thursday, April 22, 2010, and mark if you would like to join your team for breakfast on Thursday and Friday.

Directions: Please indicate the number needed of each item.

Thursday, April 23, 2009

LUNCH SELECTION

Box Lunch Includes: Sandwich, chips, cookie, & drink

_____ **Bacon Turkey Bravo -** Smoked turkey breast, smoked bacon, smoked Gouda cheese, leaf lettuce, tomatoes and our signature dressing on our Tomato Basil Bread

_____ **Sierra Turkey -** Smoked turkey breast with our smoky chipotle mayonnaise, field greens and red onions, on our Focaccia

_____ **Smoked Ham and Cheese -** 99% fat-free smoked ham, Swiss cheese, leaf lettuce, tomatoes and red onions with mayonnaise, spicy mustard, salt & pepper served on Country bread.

_____ **Classic Roast Beef -** Oven-roasted beef, leaf lettuce, tomatoes, red onions and with mayonnaise, spicy mustard, salt & pepper served on our Country Bread

_____ **Mediterranean Veggie -** Sweet peppadew peppers, feta cheese, cucumbers, lettuce, tomatoes, onions and cilantro hummus on Tomato Basil Bread

_____ **Smoked Turkey Breast -** 99% fat-free smoked turkey breast, leaf lettuce, tomatoes and red onions with mayonnaise, spicy mustard served on our Country Bread.

_____ **Tuna Salad -** Our special recipe tuna salad, leaf lettuce, tomatoes and red onions with mayonnaise, spicy mustard, salt & pepper served on Multi Grain

_____ **Napa Almond Chicken Salad** - Made with all-natural pepper-mustard chicken, fresh celery, seedless grapes, almonds, lettuce & tomato on our Sesame Semolina Bread

Drink: ___ *Pepsi* ___ *Sierra Mist* ___ *Mountain Dew* ___ *Bottled Water*
___ *Diet Pepsi* ___ *Diet Sierra Mist* ___ *Diet Mountain Dew*

_____ Lunch @ **$11 each** $_____

Directions: Please indicate the number needed of each item.

MEAL INVOICE FOR ***ADDITIONAL*** MEALS

Breakfasts

_____ Thursday Breakfast @ **$10 each** $_____
_____ Friday Breakfast @ **$10 each** $_____

TOTAL $_____
(Make checks payable to USAD)

Form MUST be received by March 19, 2010
Mail to:
USAD
PO Box 1834
Council Bluffs, IA 51502-1834
Phone: 712-366-3700

February 2010