

Box Lunch Order Form

Email order to mkunsch@stanhywet.org
or call 330.315.3289

Group Name: _____

Date of Event: _____ (Delivery prior to 11am)

All box lunch orders must be submitted and paid 5 days prior to visit.

SANDWICH OPTIONS—\$18.00	Quantity	Total Cost
Twisted Turkey <i>Sliced Roasted Turkey Breast, house made White Cheddar Cranberry Spread and Leaf Lettuce on a Ciabatta Roll</i>		
Sweet Hawaiian Ham <i>Ham, Swiss, grilled Pineapple, house made Pineapple Brown Sugar Spread and Leaf Lettuce on a Brioche Bun</i>		
The Augusta <i>Black Angus Roast Beef, house made Pimento Cheese Spread and Baby Spinach on Wheatberry bread</i>		
Hearty Italian <i>Genoa Salami, Sandwich Pepperoni, Provolone, house made Roasted Tomato Parmesan Spread and Leaf Lettuce on a Ciabatta Roll</i>		
Fire Grilled Vegetable <i>Grilled Vegetables, Smoked Gouda and Baby Spinach on a Ciabatta Roll</i>		

Each Sandwich Box Lunch is served with Kettle Chips or Apple, Mayonnaise/Mustard Packets and a Premium Cookie, and Beverage. Wrapped utensils are included.

Gluten Free Sandwich: ADD \$4.00
Served with Kettle Chips and Fruit Kabob

SALAD OPTIONS—\$18.00	Quantity	Total Cost
Chopped Farmer's Market <i>Diced Cucumbers, Red Peppers, Green Peppers, Red Onion, Shredded Carrots, Grape Tomatoes, and sliced hardboiled Egg</i>		
New Age Spinach <i>Baby Spinach, shredded Cheddar, Dried Fruit Assortment of Cranberries, Apricots and Cherries garnished with Sunflower Seeds</i>		
Bistro Chef <i>Roasted Turkey Breast, Virginia Style Ham, Smoky Bacon, hardboiled Egg, Grape Tomato Halves, Red Onions, Cheddar and Mozzarella</i>		
Antipasto <i>Genoa Salami, Sandwich Pepperoni, Olives, roasted Sweet Pepper, shredded Mozzarella and shaved Parmesan Cheese</i>		

Each Salad Box Lunch is accompanied with Dinner Roll/Butter and a Premium Cookie. Wrapped utensils are included.

Gluten Free Salad: ADD \$4.00
Accompanied with Gluten Free Roll/Butter and Fruit Kabob

BEVERAGES <i>included in lunch cost</i>	Quantity	Included
Coffee		N/A
Hot tea		N/A
Bottled water		N/A
Coke		N/A
Diet Coke		N/A
Sprite		N/A
TOTAL COSTS <i>(Please include .0675% sales tax to total).</i>		\$

Internal Use Only

Ordered by: _____

Department Code: _____

Date: _____

Approved by/Date: _____

PREPAYMENT REQUIRED

CASH CHECK Check Number: _____ CREDIT CARD: Visa Master Card Discover

Call the museum shop 330.315.3289

Sharing our legacy to enrich lives

714 North Portage Path
Akron, OH 44303
330.836.5533
stanhywet.org

