



BIRTHDAY PARTY ORDER FORM

- **To place your food order**, contact Sodexo at:
 - Phone: Veronica Bell at 757-285-5514
 - Fax: 757-437-4976
 - Email: veronica.bell@sodexo.com

Please note:

- Orders should be received **10** days prior to party. If you have not placed your order within **5** days of your event, please call 1-757-285-5514 to confirm receipt of order.
- (Final number is due **minimum of 2 days** prior to your visit)
- There is a 6% State of Virginia Tax and all groups have a 5.5% Virginia Beach Meals Tax on all orders.
- **After you order, we will contact you with your confirmation and total amount due.**
- **Please fax the form below back to us along with the credit card authorization form.**
- **Checks and payment must be received a minimum 24 hours prior to your party.**
- There is a \$30 minimum for food and beverage orders. Your order will be dropped off in the party room at the prearranged time. You may bring your own cake from home.

BIRTHDAY PARTY ORDER FORM

BIRTHDAY CHILD _____ PARTY DATE _____

PARTY RESERVATION PARTY Classroom _____ Adventure Park Labyrinth _____

TIME _____ DELIVERY TIME _____

CONTACT NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS (must have) _____

PHONE NUMBER: _____

Whole Pizza (Enter Quantity) Each pizza can be sliced in 6, 8, or 10 slices

_____ \$21.99 Cheese

_____ \$23.99 Pepperoni

Chicken Tenders(Enter Quantity by Dozen) Sold by the dozen-Served with Ranch or BBQ Sauce

_____ \$16.95 per dozen (___Ranch, ___BBQ, select one)

Snacks (Enter Quantity by Dozen)

_____ \$3.00 Small Popcorn (Will feed approximately 2-3 children, depending on age)

_____ \$2.50 Small Bag of Goldfish Crackers (Will feed approximately 2-3 children, depending on age)

_____ \$4.50 Fruit or Vegetable Tray (Per person, minimum 12 people)

Beverages (Enter Quantity)

_____ \$1.25 Individual Juice Box or Bottle Water

_____ \$1.25 Canned Soda (#___Coke, #___Diet Coke, #___Sprite)



VIRGINIA AQUARIUM

CREDIT CARD TRANSACTION AUTHORIZATION

I hereby authorize Sodexo, Inc. to debit the following charge account:

Type of Card: _____

Name on Card: _____

Card Number: _____

CCV Number: _____

Expiration Date: _____

Amount: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (____) _____

Signature: _____

Date: _____

Please fax the completed form along with your birthday party order form to (757)437-4976