

2026 CONVENTION MEAL ORDER FORM

This form is to be used to place *total meal orders* for your chorus and captures only total numbers and associated pricing.

CHORUS _____

Contact name _____ email _____

THURSDAY DINNER BOX MEALS: Total meals ordered _____ @ \$40 = \$ _____

Number of regular Turkey boxes: _____	Gluten Free Turkey Boxes _____
Number of regular Roast Beef boxes: _____	Gluten Free Roast Beef _____
Number of regular Ham & Cheese boxes: _____	Gluten Free Ham/Cheese _____
Number of regular Veggie boxes: _____	Gluten Free Veggie Boxes _____

FRIDAY EVENING BUFFET: Total meals ordered _____ @ \$46 = \$ _____

SATURDAY CHORUS BREAKFAST: Total meals ordered _____ @ \$37 = \$ _____

Note: there is no "name list" needed – just the number of members who will be included

SATURDAY EVENING BANQUET: Total meals ordered _____ @ \$61 = \$ _____

TOTAL ENCLOSED \$ _____

MAIL this form and check for payment to: Susan Krystek, 19 Tricia Blvd, Highland, NY 12528-2637 by March 27. **Check payable to: Greater NY NJ Region 15. UPLOAD a copy of this form AND the associated list(s) of members ordering meals to your chorus Google Folder by MARCH 27. LATE ORDERS AFTER April 8 - CCL MUST COMMUNICATE DIRECTLY WITH KATHY ZUBAL-STORRINGS TO DISCUSS ANY ADDITIONS TO YOUR ORDER.**

Questions: Contact Kathy Zubal-Storrings at kathyzs213@gmail.com