DOC`S GROUP ORDER FORM FAX TO: 419-775-7776

Order Name _____ Phone number _____

Pick-up time _____ OR Delivery time _____

Deliver To _____

Directions and/or special instructions _____

***PLEASE NOTE**: We suggest that you call ahead to find out what our delivery or pick-up schedule is for the day.*
On orders for up to 25 people, please fax your order at least 2 hours in advance.
On orders for over 25 people, please fax your order at least 24 hours in advance. THANK YOU!

NAME	SANDWICH: specify whole or half SALAD: specify small or large *Please list either a named choice or all ingredient choices.*	SOUP Cup or Bowl	Extra items and/or special instructions