‘Animeal’ lunches are available for pickup at a pre-arranged time from Glacier Grill, where seating is on a ‘first-come first-served’ basis. Condiments, utensils and napkins are included.

**ANIMEALS $6.99 PER PERSON**

Select (2) meals maximum per order  
Requires a (15) person minimum

**PB & J Sandwich**
- Animal crackers
- Potato chips
- Fruit punch box

**Hot Dog Meal**
- 100% all-beef hot dog
- Animal crackers
- Potato chips
- Fruit punch box

**Turkey Sandwich**
- Roasted turkey & cheese on multi-grain bread
- Animal crackers
- Potato chips
- Fruit punch box

**Key:**  
Vegetarian 🌿 | Contains Nuts 🥜

**Additions**

Each upgrade accommodates all guests

- Upgrade to bottled water $1.00 per person
- Chocolate chip cookie $1.50 per person

Prices are subject to change prior to the contract stage. Sales tax is an additional fee, unless a ‘tax exempt’ certificate is provided.
**ORDER FORM**

To confirm your order, the following is required:

1. This contract to be signed, scanned and returned no less than (7) days prior to visit  
2. Full payment (due upon signing of contract)  
3. Copy of 'Tax Exempt' Certificate (if applicable)

**BOOKER**

Name: __________________________  
E-mail: __________________________  
Tel: _____________________________

**SCHOOL**

School Name: __________________________  
School Address: __________________________  
City, State, Zip: __________________________

Date of Visit: ___________________  
Preferred Time for Pick-Up: ______________

**MEALS (choice of 2)**

- PB & J  
- Hot Dog  
- Turkey Sandwich

<table>
<thead>
<tr>
<th>MEALS</th>
<th>QUANTITY</th>
<th>ADDITIONS</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>PB &amp; J</td>
<td>_______</td>
<td>Bottled Water</td>
<td>_____</td>
</tr>
<tr>
<td>Hot Dog</td>
<td>_______</td>
<td>Cookie</td>
<td>_____</td>
</tr>
<tr>
<td>Turkey Sandwich</td>
<td>_______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYMENT OPTIONS**

- P.O. Number  
- Credit Card  
- By Check

Scan/E-mail to: milliemcdaniel@thesagroup.com  
Complete form and call: 678-698-1317  
Payable To: "The SSA Group"  
Attn: The SSA Group c/o Henry Vilas Zoo  
702 S Randall Ave, Madison, WI 53715

**IF PAYING BY CARD**

Name on Card: __________________________  
Card Number: ____________________________  
Sec. Code: ________  
Exp. Date: ________  
Billing Zipcode: __________________________

**Minimum Quantities**

The quantities that you have listed above are your Minimum Animeal Quantities, which you agree to guarantee. Once signed below, meal numbers can increase, but not decrease.

**Final Quantities**

Final Animeal quantities are due (3) business days prior to visit. If not received in time, we will prepare & charge for the Minimum Quantities or the last quantity given - whichever is greater.

I agree that all details are correct at time of submitting this contract and any variations thereafter will be communicated in writing.

Name (Printed): ____________________________________  
Signature: __________________________  
Date: __________________________