



ORDER FORM

Name _____

Location/Room # _____

1. Choose One Drink:

Espresso + Coffee Drinks

- Latte
- Cappuccino
- Mocha
- White Mocha
- Americano
- Cortado
- TFB Signature Cold Brew

Signature Lattes

- French Vanilla
- Cinnamon Roll
- Sugar and Spice
- Double Chocolate
- Pumpkin Pie
- Salted Caramel
- Mocha

Anti-Coffee Drinks

- Chai Latte
- Caramel Apple Cider
- Hot Chocolate
- Steamer
- Hot Tea

Coffee Freezes

- Coffee Freeze
- Caramel Freeze
- Mocha Freeze

2. Circle any extra syrup flavors (for a sweeter drink).

- | | |
|--|--------------------|
| Vanilla | Hazelnut |
| Cinnamon | Toffee Nut |
| Almond | Coconut |
| Peppermint | Spiced Brown Sugar |
| Sugar Free Vanilla, Caramel, or Hazelnut | |

3. Choose One Milk:

- 2% Milk
- Soy Milk
- Unsweetened
- Almond Milk

4. Any Extra Requests?

- Decaf
- Whipped Cream
- Extra Shot of Espresso
- Ice It



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