

## UGA Dining Services Camp Meal Schedule

Please Fill Out 1 Schedule Per Week of Camp

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # Office: \_\_\_\_\_

Cell: \_\_\_\_\_

DATES In the B,L, or D columns, enter camp #'s for first & last meal of Camp Session.	NUMBER OF MEALS REQUESTED						# 12 & Under			# Over 12			TOTAL MEALS	Dining Commons	Meal Times Indicate time your camp will eat meals	
	B	B TIX	L	L TIX	D	D TIX	B	L	D	B	L	D				
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>LUNCH</b>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>DINNER</b>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

**RETURN TO: Brittany Hulsey**  
**UGA Dining Services**  
 Dining Services Admin Office  
 200 W. Green Street  
 Campus Mail  
**OR**  
 Fax to 706-542-7137

Wristbands Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_