UGA Food 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			
															BREAKFAST
															LUNCH
															DINNER

Return to: Sandi Behr
UGA Food Services
Food Service Admin Office
200 W Green Street
Campus Mail
OR
Fax to 706-542-7137

Wristbands Received by: _____

Date: _____