

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 TX** **L** **L TX** **D** **D TX**

B **L** **D**

B **L** **D**

BREAKFAST

LUNCH

DINNER

RETURN TO: SANDI BEHR
FOOD SERVICE
BOLTON HALL - EAST WING
ATHENS, GA 30602
583-0850 583-0971 FAX

Wristbands Received by _____
Date _____