UGA Dining Services Camp Meal Schedule Please Fill Out 1 Schedule Per Week of Camp

ORGANIZATION NAME:										•					
CONTACT PERSON:										Office UGA					
CONTROL LICEUM.												.c \ffiliate			
MAILING ADDRESS:								_			WB Color Issued:				
PHONE #	Office:														
	Cell:														
DATES	NUMBER OF MEALS REQUESTED							# 12 & Under			# Over 12		TOTAL MEALS	Dining Commons Request*	Meal Times
In the B,L, or D columns,	В	B TIX		L TIX	D	D TIX	В		D	В		n			Indicate time your
enter camp #'s for first & last meal of Camp	Б	ш	L	117	D	ш		<u>L</u> _			L	D			camp will eat meals
Session.						_									BREAKFAST
															LUNCH
															DINNER
											<u>I</u>				
RETURN TO: Danielle Bouton										٧	Vristba	ands Re	eceived by:		
* Dining Services will accommoda						odate spor	nsor requests fo						Deter		
Dining Services Admin Office Bolton Dining Commons 790 Lumpkin St.		specific locations when possible. However, it is at the discretion of Dining Services to place groups in facilities							Date:						

based on the needs of meal plan participants and

first-year and transfer student orientation

Campus Mail

OR

danielle.bouton@uga.edu