ADDENDUM C
UAM FOOD SERVICE REQUEST FORM
CAMPS

DATE OF REQUEST: _______

Please familiarize yourself with the UAM CAMP POLICIES AND PROCEDURES HANDBOOK: Costs-Meals; Food Service in University Facilities; and Policies Applying to Specific University Facilities-Dining Hall, before completing this form. You may also like to consult the Food Services website at: http://www.uamont.edu/pages/student-affairs/dining-food-services/

CAMP NAME: ____________________________ CAMP DATES: ____________________________

CAMP DIRECTOR: ______________________ PHONE NO.: ____________________________

EMAIL ADDRESS: ________________________________________________________________

2017 CAMP MEAL RATES: (per person, tax not included – Monticello tax rate: 9.75%)

<table>
<thead>
<tr>
<th>MEAL</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>$5.45</td>
<td>$6.67</td>
<td>$6.73</td>
</tr>
</tbody>
</table>

MEAL ARRANGEMENTS

ESTIMATED NUMBER OF PARTICIPANTS & STAFF: ________________

Camp/Institute Director must contact Aramark two weeks prior to group’s arrival with specific numbers for each meal.

Hours of Service:  
Mon-Fri: Breakfast 7:30am - 9:00am  Lunch 11:30pm - 1:30pm  Dinner 4:30pm - 6:00pm

BEGINNING MEAL DAY/DATE: ________________  ENDING MEAL DAY/DATE: ________________

PREFERRED MEAL TIMES:  
Breakfast: ________________  Lunch: ________________  Dinner: ________________

NOTE: Specific meal times for each camp will be assigned by the Director of Food Services. Every attempt will be made to meet the requests of each camp however, assigned meal times may differ from those requested.

SPECIAL ARRANGEMENTS (Receptions, Weekend Meal Service, etc.)

DAY/DATE: ________________  REQUEST: ____________________________________________

DAY/DATE: ________________  REQUEST: ____________________________________________

This section to be completed by Aramark Representative.

ESTIMATED COST-
MEALS: _________________________

SPECIAL ARRANGEMENTS: _________________________

GRAND TOTAL: _________________________

APPROVED: _________________________  DATE: ________________

ARAMARK REPRESENTATIVE

Send form to:  
Aramark, P.O. Box 3064, Monticello, AR 71656.  Phone: 870-460-1076  Fax: 870-367-6071

Revised December 2016