

Food Service Agreement

Group Name: _____

Group Leader: _____ E-mail Address: _____

Group Phone: _____ Group Grade Range: _____

Group Dining Room Supervisor: **(1 Per Group)** _____

Meal Times: All meals are served at these times with the exception of the first and last meals. Please circle your breakfast time preference. If none circled, breakfast will be at 8:00 a.m.

Breakfast - 7:30 a.m. or 8:00 a.m.
Please circle your breakfast preference

Lunch - 12:00 p.m.

Dinner - 5:30 p.m.

First Meal: _____ Last Meal: _____
(Date / Time) (Date / Time)

Estimated Meal Count: (Insert the Number of People to be Served at Each Meal)

Day	Date	Breakfast		Lunch		Dinner	
		Y	A	Y	A	Y	A
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Y = Youth (18 or younger)

A = Adult

Special Diets, Food Allergies, or Vegetarians: (Must Be Provided 30 Days Before Arrival At Camp)

Sack Meal: (Indicate Date, Time, Meal and Number of Sack Meals Requested)

Date: _____ Pick Up Time: _____ Meal: _____ Number: _____
Sack Meal Includes: 1 Sub Sandwich, Fruit, Chips, Cookies, and Lemonade

This FOOD CONTRACT is DUE 30 DAYS before arrival at Upham Woods.

Meal count can be changed up to **10 calendar** days prior to arrival. If not changed, your estimated meal count will become your guaranteed number. You will be billed 5% less than your final count or actual participation whichever is greater. An increase greater than 5% above the guaranteed number is only permitted if the change is made at least 10 calendar days prior to arrival. Coffee & Tea are provided for adults from breakfast through dinner for groups purchasing meals. Food service is provided for groups of 20 to 150. Groups under 20 individuals will be charged for 20 if their group is the only group in camp using food service. There will be a \$1 per meal per person fee for groups that bring their own food to camp. This only applies to breakfast, lunch and dinner, not snacks.

Group Leader or Agent Signature

Date

Office Use Only: Date Received: _____ Received By: _____ Sent to Foodservice: _____

Snack List

\$.55 Per Person Per Item Snacks

Apple (1)
 Orange(1)
 Popsicle (1)
 Cookie - Chocolate Chip, Sugar (2)
 Fruit Drink (1 8oz Cup)
 Lemonade (1 8oz Cup)
 Chocolate Milk

\$.90 Per Person Per Item Snacks

Ice Cream Cup
 Orange Juice (1 8oz Cup)
 Brownie
 Popcorn, Chips, Pretzels

\$.70 Per Person Per Item Snacks

Veggies W/ Dip
 Cake
 Hot Chocolate

	Snack Order	<u>(If no snacks requested write none)</u>	
<u>Date</u>	<u>Time</u>	<u>Item 1</u>	<u>Item 2</u>

Cookout Options

Cookouts Available May 1 – Sept. 30. (1 cookout per group)

Meats: Circle One (1): Hot Dog, Hamburger, Bratwurst, Sloppy Joes

Sides: Circle Three (3): Potato Chips, Baked Beans, Assort. Veggies w/ Dip, Fruit, Pasta Salad, Potato Salad

Dessert: Circle One (1): Cookies (Chocolate Chip, Sugar), Brownie, Popsicle, Vanilla Ice Cream Cup, Chocolate Ice Cream Cup, Orange Sherbet Cup

Beverage: Circle One (1): Lemonade, Fruit Drink, Tea
 (Milk will be provided)

All cookouts include paper service, appropriate condiments, water, and the great outdoors. (Weather permitting)

Cookout Date: _____

Cookout Meal (Circle One): Lunch or Dinner