

Meal Exchange Agreement

Organization _____ Guaranteed Count _____

Program day and date _____

Representative _____ Phone number _____

Meal (*indicate one*) **Breakfast**_____ **Lunch**_____ **Dinner**_____

Arrangements for Meal Exchanges and Barbecues must be made in the Dining Services Office at least **10 days in advance of your function date.**

Number sheets must be submitted to Dining Services no later than **3 full business days prior to the date of your function. All numbers for weekend functions must be submitted by noon Wednesday.**

Please use separate sheets for more than one meal and indicate your meal plan by using one of the following abbreviations: **Any 15, Any 21 or Flex**

By placing your name and number below, you consent to waive the above-specified meal for credit to the sponsoring organization. If you choose to eat in the Dining Hall or at one of the alternative dining areas, the sponsoring organization will not receive credit for your meal number.

STUDENT				
BANNER NUMBER	PRINTED NAME	INITIALS	MEAL PLAN	BAGGED MEAL SELECTION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____

STUDENT BANNER NUMBER	PRINTED NAME	INITIALS	MEAL PLAN	BAGGED MEAL SELECTION
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