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 ***48 hours prior to the date of your function. All numbers for weekend functions must be submitted by noon Thursday.***

Please use separate sheets for more than one meal.

Please indicate your meal plan by using one of the following abbreviations:

TRAD (Traditional) **FLEX (Flexboard I, Flexboard II & Apartment 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Banner Number	Printed Name	Initials	Meal Plan

-