

**Summer Camp/Conference
Dining Request**

CAMP/CONFERENCE INFORMATION

Name of Camp/Conference: _____

Contact Name: _____

Address for Camp/Conference: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Arrival Date: _____ Departure Date: _____ Anticipated Number of Diners: _____

Notes: _____

MEAL TIMES

Monday through Friday
 Breakfast: 7:00 a.m to 9:00 a.m
 Lunch: 11:00 a.m to 2:00 p.m
 Dinner: 5:00 p.m to 7:00 p.m

Saturday through Sunday
 Brunch: 10:30 a.m to 12:30 p.m
 Dinner: 5:00 p.m to 7:00 p.m

If a specific "breakfast" time is needed on the weekend, it can be arranged by contacting Dining Services. A minimum number of participants may be required.

The Connection Café is open for full service June 5 - August 15, 2017.
The cafeteria will be closed on the 4th of July. Limited menu options are available prior to June 5.

MEAL RATES

2017 Meal Rates

Breakfast: \$5.41 per meal plus tax
 Brunch: \$8.00 per meal plus tax
 Lunch: \$8.00 per meal plus tax
 Dinner: \$8.38 per meal plus tax

All meals are all-you-care-to-eat in the Connection Café.
 Add 8% tax to all prices if your group is not tax exempt. Non-UT Arlington groups, please submit tax exempt form with signed contract.

Contracts for dining will be issued in March/April. 75% of the conference initial meal bill must be received 21 days prior to conference arrival. Entire balance must be paid in full 7 days prior to conference arrival at the University. UT Arlington sponsored groups will be billed via IDT in UT Share.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

PREFERRED MEAL TIMES

To avoid overcrowding, each camp will have a specific meal time. Please rank preferred dining times from 1 to 4 for each meal.

Breakfast		Brunch (Saturday to Sunday Only)		Lunch		Dinner	
_____ 7:00 a.m.	_____ 7:30 a.m.	_____ 10:30 a.m.	_____ 11:00 a.m.	_____ 11:00 a.m.	_____ 11:30 a.m.	_____ 5:00 p.m.	_____ 5:30 p.m.
_____ 8:00 a.m.	_____ 8:30 a.m.	_____ 11:30 a.m.	_____ 12:00 p.m.	_____ 12:00 p.m.	_____ 12:30 p.m.	_____ 6:00 p.m.	_____ 6:30 p.m.
				_____ 1:00 p.m.	_____ 1:30 p.m.		

MEAL SCHEDULE

Please indicate which meals your group will be needing for each day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Brunch	<input type="checkbox"/> Brunch
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner
<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner	<input type="checkbox"/> Dinner		

CATERING

Check the box to indicate you would like one or more meals catered at a location other than the Connection Cafe.

Date: _____ Time: _____ Location: _____

Meal Preferences: _____