NAME: ____________________ LAST _______________ FIRST _______________ MIDDLE ____________

EMAIL: ____________________

CLASS OF: ______ SCHOOL: MED ____ DENT ____ MSPH ____ NURS ____ OT ____ PT ____ HN ____ GSAS ____ OTHER ____ PLEASE SPECIFY ____________

PLEASE CHECK ONE

Vegetarian ☐ Non-Vegetarian ☐

MEAL PLAN (MEALS CAN BE USED SOLELY FOR BARD HALL DINNERS)

Cost Per Semester (MEALS WILL BE SERVED ON MONDAYS, TUESDAYS AND THURSDAYS FROM 5:30PM TO 7:30PM)

☐ Plan A- All three days of the week (36 meals), 2010 Spring Semester $314
☐ Plan B- Two days of the week (23 meals), 2010 Spring Semester $263
☐ Plan C- One day a week (12 meals), 2010 Spring Semester $137
☐ Per Meal, 2009 fall semester $12

Choose Days for Plan B or C

☐ Monday Dinners ☐

☐ Tuesday Dinners ☐

☐ Thursday Dinners ☐

DINNER SERVICE / MEAL PLAN CONTRACT

I understand that this is a binding Contract. Meals are listed per term. Tickets are non-refundable. Tickets will not rollover to new meal plans. Tickets will be color coded for each day of the week the plan is offered. Tickets will be available for distribution on September 21, 2009. Taxes are included. Limit one ticket per customer per day, unless Faculty Club Catering is given 72 hours advance notice via email of any additional guests.

Enrollment Deadline is January 22, 2010
Payments Must Be Made By January 22, 2010
All Meal Plans For The Spring Term Begin January 26, 2010 (Meal Plan Will Not Be Served From 2/22/10 – 3/5/10 & On University Holidays)
All Meal Plans For The Spring Term Expire May 4, 2010 (Meal Plan Will Not Be Served From 2/22/10 – 3/5/10 & On University Holidays)

I HAVE READ AND AGREE TO FACULTY CLUB CATERING MEAL PLAN CONTRACT TERMS AND CONDITIONS.

_____________________________ ________________________________
SIGNATURE: ____________________ DATE: __________________

Please make checks payable to Faculty Club Catering.
Mail To: Attn: Bard Meal Plan, Faculty Club Catering, 50 Haven Avenue, New York, NY 10032
For additional information, please contact us at 646-426-2582(or Dial ext 6-Club) email at facultyclub@columbia.edu

PLEASE PRINT

NAME: ____________________ LAST _______________ FIRST _______________ MIDDLE ____________

EMAIL: ____________________

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