One Per Camper

Child's Name:_____   Age_____   Camp_____   Counselor _____

> Please circle each day your child would like lunch and total for each week.   Lunch is $4 each day, extra entrée can be added for $1, $1.50 for pizza
> Weekly lunch orders are due the Wednesday prior to the week of camp you are ordering for or you can order for the whole session.
> Additional forms are available on our website or at the Weiss Center.

some items may contain or have been processed on machines with peanuts and tree nuts

Weekly Menu	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	On field trip days
Please provide info regarding any food allergies	Hot Dog	Corn Dogs	Ckn Nuggets (5)	Mac&Cheese	Slice of Pizza	lunches maybe switched
	Chips	Yogurt Moo Tube	Yogurt Moo Tube	Mini Carrots	Mini Carrots	to Jelly only sandwiches
	Granola Bar	Cookie	Cookie	Granola Bar	Granola Bar	if needed based on departure
	Juice	Juice	Juice	Juice	Juice	time of the trip

ADD a 2nd entrée' (hot dog, Ckn nuggets, Mac&Chz, CornDog) for a $1 or (pizza slice) $1.50 more on the days they are provided.

	Monday		Tuesday		Wednesday		Thursday		Friday		Total Lunches
Session I - June 10-14	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session I - June 17-21	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session I - June 24-28	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session II - July 1-5	$4	$5	$4	$5	$4	$5	xxx no camp		$4	$5.50	
Session II - July 8-12	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session II - July 15-19	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session III - July 22-26	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session III- July 29-Aug 2	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Session III- Aug 5-9	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	
Camp Finale Aug 12-16	$4	$5	$4	$5	$4	$5	$4	$5	$4	$5.50	

Office Use

Todays Date:_____

# of Meals x $4 =_____

# of Meals x $5 =_____

# of Meals x $5.50 =_____

Total Fee:_____

Accepted By: _____

Cash, Credit Card, Check #_____

copy given to :   VV   CampCoor

PAYMENT -- Visa, MasterCard or Discover Card

Card No: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Name

Cardholder:_____   Expiration Date:_____

Zip Code: _____   CVV: _____

Authorized   Charge

Signature:_____   Amount:_____