Meal Guarantee Count

Deadline: This form must arrive at camp at least **15 days** before scheduled event

An additional 10% late fee will be added to the total meal cost after this date: _____

Name of Group: _____ Reserved Date: _____

Please fill in the total number of people for whom meals are to be prepared. Be sure to list in their age group columns

Date:	Meal: (Breakfast, Lunch, etc.)	Time:	Adult: – Ages 10+ years	Child: – Ages 3-9 years	Preferred Meal Type:
					% Vegetarian: % Vegan:
					Allergies:
					List known food allergies:

If your actual count is less than your guaranteed meal count, we will absorb the difference, up to 10% drop. Anything beyond a 10% decrease in actual count, you will be responsible for paying the difference.

If your actual count is more than your guaranteed meal count, you will be responsible for paying the regular price for any meals over the guaranteed number up to 10% increase. Anything beyond a 10% will be billed to you at 110%.

Authorized By: _____ Phone Number: _____

Email To: reservations@campakita.com

Mail To: Camp Akita

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