Summer Academic Programs and Athletic Camps Participant Guarantee
RAMAPO COLLEGE DINING SERVICES

Group Name___________________________________________________________________________

Dates________________________________________________________________________________

Estimated Overnight Participant Count:

Include breakfast, lunch, dinner, Mon. – Fri.________
Include brunch and dinner on weekends________

Estimated Daily Participants (Include lunch only): _______

Incoming/Outgoing Information:

First Meal (date and meal) ________________________________

Last Meal (date and meal) ________________________________

Requested meal times: Breakfast ______________ Brunch ______________
Lunch ______________ Dinner ______________

• Meal Service will begin when a named representative from each organization and Ramapo Dining Services are
present at each seating to sign off on meal counts.
• Any discrepancies in the meal count will default to Ramapo Dining Services at the end of each week Dining
Services.
• Final guaranteed counts must be provided to Ramapo Dining Services one week prior to arrival.
• Your bill will reflect guaranteed counts or actual counts if higher than guarantee.
• Failure to return this completed form by May 1, 2008 may result in Ramapo Dining Services inability to fill all
of your dining needs.
• Preferred meal time does not guarantee time slot.
• Special requests may be directed to the Catering Department at ext. 7772.

Weekend meals will include Brunch and Dinner unless other arrangements are made with Ramapo Dining Services.

Groups staying multiple weeks must provide weekly meal counts. Please fill in info below per week.

Day Date Meal Needed/Count
Sunday _____ Brunch _____ Dinner _____
Monday _____ Breakfast _____ Lunch _____ Dinner _____
Tuesday _____ Breakfast _____ Lunch _____ Dinner _____
Wednesday _____ Breakfast _____ Lunch _____ Dinner _____
Thursday _____ Breakfast _____ Lunch _____ Dinner _____
Friday _____ Breakfast _____ Lunch _____ Dinner _____
Saturday _____ Brunch _____ Dinner _____

Please complete with signature and return via fax to David Carreras, 201.684.7936.

Contact Name: _____________________________________________________________
Contact Signature: __________________________ Date: ________________