



Ramapo Dining Services  
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680  
 Phone 201.684.7805 Fax 201.684.7936 [www.ramapo.edu](http://www.ramapo.edu)

**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.**

| <u>Day</u> | <u>Date</u> | <u>Meal Needed/Count</u> |             |             |
|------------|-------------|--------------------------|-------------|-------------|
| 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: \_\_\_\_\_