Texas State University-Auxiliary Services 2024 CAMP MEAL GUARANTEE FORM

Group Name	Contact Person
Address	Telephone
City	Email
State/Zip	TSU Sponsor Contact
Arrival Date*	Date of First Meal
Departure Date	Date of Last Meal

^{*}Guarantee form is required to dine in summer dining hall/s.

Due 2 weeks before arrival date of group- Contact Auxiliary Services on changes/updates.

Camp/Conference Information:

Number of Participants	Overnight or Day Camp	
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Billing Information:

For Departmental IDT charges:

GL	Cost Center	Fund	1/0
731600			

If no department IDT information is provided, meal charges will be invoiced to group address above.

Daily Meal Guarantee: (Please indicate the number of meals needed for each date of camp.)

Meals will be billed according to the meals requested on the guarantee or actual meals taken, whichever is greater. It is strongly advised that each group provide a representative to count along with Chartwells cashier. If no one is provided, all counts by Chartwells will be considered final.

REMINDER: Each camp must contact Chartwells to arrange for <u>the scheduling of their mealtimes during their stay</u>. Refer to the **Chartwell's Summer Camp Meal policy 2024** also found on the <u>Auxiliary Services website</u>.

June 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
BRU:	B:	B:	B:	B:	B:	
D:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:
_	_	_	_	_	_	
2	3	4	5	6	7	8
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
9	10	11	12	13	14	15
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
16	17	18	19	20	21	22
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
23	24	25	26	27	28	29
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:

July 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday Saturday	
6/30	1	2	3	4	5	6
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
7	8	9	10	11	12	13
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
14	15	16	17	18	19	20
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
21	22	23	24	25	26	27
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:
28	29	30	31	8/1	8/2	8/3
	B:	B:	B:	B:	B:	
BRU:	L:	L:	L:	L:	L:	BRU:
D:	D:	D:	D:	D:	D:	D:

Summer Conference meal rates: Breakfast- \$7.90, Brunch/Lunch- \$8.50, Dinner- \$10.40.

NOTE: Over count meals above the 10% guaranteed for meals under 100 count and Over count meals above the 5% guaranteed for meals over 101 count will be charged the regular door rate (B-\$8.89, L/BR-\$11.29, D-\$11.79) on over count meals. Example: Group guaranteed 200 Lunch shows up with 221 will be charged door rate for the 21 meals.

(Camp Representative	Signature/Date
1	Name	

Return completed form to **Administrative Assistant, Mary Alice Gonzales at mg02@txstate.edu** with the Auxiliary Services department. Please direct any questions on guarantee changes, cancellations or billing questions to our office:

Texas State University Auxiliary Services 601 University Drive J.C. Kellam, Room 589 San Marcos, TX 78666 Phone: 512-245-2585

Fax: 512-245-8222