



2025 Summer Camp and Conference Meal Plan Guarantee Form

How the program works:

1. Complete all relevant form fields. Use the calendar layout on the second page to enter the number of guaranteed attendees for each meal period needed for your group this summer.
2. Submit the form at least 2 weeks *before* your camp's arrival date* to summercampmeals@txstate.edu.
3. Chartwells, TXST's official food service provider, will confirm scheduled meal times with the group representative.
4. Meal plan costs will be billed according to the guaranteed number of attendees or the actual attendance count, *whichever is greater*.
5. Invoices will be issued after the camp or conference is complete, with payment due immediately upon receipt.

Contact Support Services at summercampmeals@txstate.edu or 512-245-2278, Option 5 with questions or updates.

CAMP / CONFERENCE INFORMATION

Group Name		Group Rep. Name	
Rep. Phone Number		Rep. Email Address	
TXST Sponsor Name		TXST Sponsor Email	
Number of Participants		Overnight or Day Camp	
Arrival Date*		Departure Date	
Date of First Meal		Date of Last Meal	

PREFERRED MEAL TIMES

Meal periods for groups are scheduled in advance in 20–30-minute intervals within these time frames:

Monday through Friday:

- Breakfast: 7:00am to 9:00am
- Lunch: 10:30am to 1:30pm
- Dinner: 4:00pm to 7:00pm

Saturday & Sunday:

- Brunch: 10:30am to 1:30pm
- Dinner: 4:00pm to 7:00pm

Enter the preferred START TIME for your meals. Enter N/A if meal is not needed. Note: Preferred meal periods are subject to availability-- scheduled and confirmed by Chartwells on a first-come, first-serve basis.

	Breakfast Mon-Fri Only	Lunch Mon-Fri Only	Dinner	Brunch Sat & Sun Only
1 st Preference				
2 nd Preference				

BILLING INFORMATION

Organization		Contact Person	
Phone Number		Email Address	
Billing Address			

TXST DEPARTMENTS ONLY: BILLING INFORMATION

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

GL	Cost Center	Fund	IO
731600			

Group Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Daily Dining Hall Attendance Guarantee: Meal plan costs will be billed according to the attendees guaranteed on the form OR the actual attendance count, **whichever is greater**. Please indicate the number of dining hall attendees guaranteed for your group per meal service needed.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Summer Week 1	MAY 25	26	27	28	29	30	31
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 2	JUN 1	2	3	4	5	6	7
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 3	8	9	10	11	12	13	14
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 4	15	16	17	18	19	20	21
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 5	22	23	24	25	26	27	28
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 6	29	30	JUL 1	2	3	4	5
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 7	6	7	8	9	10	11	12
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 8	13	14	15	16	17	18	19
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 9	20	21	22	23	24	25	26
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:
Summer Week 10	27	28	29	30	31	AUG 1	2
	B:	B:	B:	B:	B:	B:	
	BRU:	L:	L:	L:	L:	L:	BRU:
	D:	D:	D:	D:	D:	D:	D:

For Chartwells Use Only

Confirmed Meal Times

B: _____

L: _____

D: _____

BRU: _____

Group Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Special Requests: Please detail any special requests (box lunches, alternative dining hall, special dietary needs, etc.) here. Additional costs may apply.

Acknowledgment of Summer Camp Meal Program Policies

By signing below, I confirm that I have read and understood the Summer Camp Meal Program policies and FAQs. I agree to follow all guidelines and understand the following:

1. **Guarantees:** My group must submit a completed Guarantee Form at least **two weeks** before arrival, and meal times must be confirmed by Chartwells in order to dine in the designated summer dining hall.
2. **Billing & Payment:** I understand that I will be billed based on the guaranteed number of attendees or the actual count—**whichever is greater**. An invoice for my meal plan, including any additional charges for special requests, will be sent to me after camp ends, and payment is due immediately upon receipt.
3. **Meal Rates:** Guarantee rates per person: Breakfast \$8.25, Brunch/Lunch \$9.50, Dinner \$11.50. Overcount/door rates per person: Breakfast \$9.19, Brunch/Lunch \$11.69, Dinner \$12.19.
4. **Overcount Charges:** Groups under 100: overcounts beyond 10% of the guaranteed number will be charged at door rates; Groups of 100 or more: overcounts beyond 5% of the guaranteed number will be charged at door rates.
5. **Attendance Counts:** A Chartwells cashier will count actual attendance per meal. A group representative is expected to verify and sign off on each count at the end of each meal. Chartwells' count is considered final.
6. **Changes to Guarantees:** I understand that changes to guaranteed counts are generally not accepted within two weeks of arrival and, if not approved, the original guarantee will be used for billing.
7. **Cancellations:** I understand that cancellations made less than two weeks before arrival may still be billed based on the original guarantee unless an exception is granted.
8. **Meal Rescheduling:** I understand that meal times may only be rescheduled with at least 24 hours' notice and are subject to availability.
9. **Dining Facility & To-Go Policy:** Jones Dining Hall is the designated dining facility. Chartwells may adjust the service for meals with fewer than 50 attendees. Food may not be taken to-go. However, boxed meals may be pre-ordered for an extra \$1.00 per person, and alternative dining halls may be requested in advance for an added \$2.00 per person catering fee. Any special dietary needs must be made in advance, and additional costs may apply.
10. **Late Arrivals/No-Shows:** If my group is late or misses a scheduled meal period, we may be required to return at a different time, depending on availability. I understand that missed meals and no-shows are still billable, unless Support Services and Chartwells approve of a billing exception due to an emergency.
11. **Guests:** Everyone, including guests, must pay the door rate at the kiosk to enter the dining hall if not included in the meal plan. Credit cards, dining dollars, and Bobcat Buck payments are accepted.
12. **Questions/Issues:** I will promptly contact a dining supervisor or manager with any concerns while dining on campus. If unavailable, I will reach out to Amy Mitchell: (814) 462-5347 | amy.mitchell@compass-usa.com or Chartwells' Office: (512) 245-9930.

Printed Full Name: _____ Signature: _____ Date: _____