

Creighton UNIVERSITY

Department of Residence Life Dining Services Camp/Conference Count Sheet

Camp/Conference: _____

Contact Person: _____

Date Camp Begins: _____

Ends: _____

Contact Phone/Email: _____

Complete the table below by first writing in the dates for the corresponding days of the week that your camp will be in session. Then, fill in the number of people you expect to feed for each meal on each day of the camp. Please remember to take into account differences in numbers that may exist between meals due to commuters to your camp/conference. Draw an "X" through any meal that you are planning on making arrangements for outside of University Dining. Sign and date below.

MEAL	Sunday, Date:____	Monday, Date:____	Tuesday, Date:____	Wednesday, Date:____	Thursday, Date:____	Friday, Date:____	Saturday, Date:____
Breakfast							
Lunch							
Dinner							

Meal Times:

The dining halls are open the following times:

Breakfast: 6:00AM-8:00 AM
Lunch: 11:00AM- 1:30PM
Dinner: 4:30PM- 6:30PM

Your Camp/ Conference Scheduled Meal Periods Are:

Breakfast: _____ (AM)

Lunch: _____ (AM/PM)

Dinner: _____ (PM)

Known Guest Dietary Needs:

Contact Signature: _____

Date: _____

Changes to counts must be made 14 days in advance of group's arrival. This updated form must be either turned in to the Summer Conferences Office, faxed to 402-280-1275, or emailed to summerhousing@creighton.edu. All changes must be made using this form.

<i>Office Use Only</i>	
Date: _____	Temp/ Final
Becker / Brandeis	Card Range: