Name: Last _______________________________ First ___________________________ Middle ______

Email: __________________________________________________________

Class of: ____________ School: MED ___ DENT ___ MSPH ___ NURS ___ OT ___ PT ___ HN ___ GSAS ___

Other ____ Please specify ___________________________________________________________________________________

Please check one

Vegetarian  □  Non-Vegetarian □  Other (Please Specify) □

Meal Plan (Meals can be used solely for Bard Hall dinners)

Cost per semester (Meals will be served solely on Mondays, Tuesdays and Thursdays from 5:00pm to 7:15pm)

□ Plan A- All three days of the week (42 meals), 2012 Fall Semester $409.25
□ Plan B- Two days of the week (30 meals), 2012 Fall Semester $292.35
□ Plan C- One day a week (15 meals), 2012 Fall Semester $146.15

Dinner service / Meal plan contract

I understand that this is a binding contract. Meals are listed per term. Meals are non-refundable. Meals cannot be rolled over to new meal plans. You must bring your Columbia University ID to redeem your meals. Taxes are included. Limit one meal per customer per day, unless Faculty Club Catering is given 24 hours advance notice via email of any additional guests.

Enrollment deadline is August 24, 2012 | Payments must be made by August 24, 2012 | All meal plans for the fall term begin September 4th 2012

Meal Plan Will Not Be Served On University Holidays | All Meal Plans For The Fall Term Expire December 13 2012

I have read and agree to Bard meal plan contract terms and conditions.

Signature: ___________________________________________ Date: _______________________

Please make checks payable to Faculty Club Catering. Bring checks to Bard Hall Housing Office or Mail to: Attn: Bard Meal Plan, Faculty Club Catering, 50 Haven Avenue, New York, NY 10032

For additional information, please contact us at 646-426-2582 (or Dial ext 6-Club) email at facultyclub@columbia.edu