



Name of Organisation:

Event Name:

Leader Name: Mobile phone:

MEALS TIMES

Breakfast 7.30 am | Lunch 12.30 pm | Dinner 6.00 pm

Number of people requiring meals: Total: Adults (Yr 7 & up): Children (Prep to Yr 6):

Date of first meal: Date of last meal:

CATERED MEALS

Please tick ALL meals that will be catered by Koojarewon

DAY							
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M/Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An additional cost of \$2.00/person for m/tea, a/tea or supper if required PRIOR to your first main meal or AFTER your last main meal.

Notes:.....

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PACKED MEALS

Please list the M/Tea, Lunch or A/Tea's you require to be packed

DATE	DAY	MEAL	PICK UP TIME

SPECIAL EVENTS

Please list any Birthdays we can help celebrate while on camp

NAME	DATE	KITCHEN NOTES



CATERING

ORDER FORM

NAME _____

DIET

DOES EAT

FOODS ALLERGIC TO

GROUP
No