



Luther Heights Youth Camp

CATERING ORDER FORM

Name of Organisation: Event Name:

Leader Name: Mobile:

Lodge/s: Sunrise Mountain View Cross Ridge Ocean Outlook Date of First Meal: Date of Last Meal:

MEALS ARE AT FIXED TIMES:

Breakfast 7.00 am | Lunch 12.00 pm | Dinner 6.00 pm

Number of people requiring meals: Total: Adults (Yr 7 & up): Children (Prep to Yr 6): **NOTE: This is the minimum number you will be invoiced for.**

CATERED MEALS

Please tick ALL Meals that will be catered by Luther Heights

DAY														Notes:
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

An additional cost of \$4.40/person for m/tea, a/tea or supper if required PRIOR to your first main meal or AFTER your last main meal.

PACKED MEALS

Please list the M/Tea's Lunches 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	NOTES

DIETS & ALLERGIES

IMPORTANT INFORMATION

Generally we cater for all diets **EXCEPT FOR ANAPHYLAXIS TO TRACES OF A SUBSTANCE.**

If this is the case, note it clearly on this form and the Catering Manager will be in contact.

NOTE: WE ARE A NUT FREE SITE. Please do not bring anything with any type of nuts on site.

GROUP No	NAME	DIET / ALLERGY	SPECIFY Only fill out if you selected Other <u>or</u> Additive Allergy	OFFICE USE ONLY

DIETS & ALLERGIES

GROUP №	NAME	DIET / ALLERGY	SPECIFY Only fill out if you selected Other or Additive Allergy	OFFICE USE ONLY