



Florida State University Summer Camp/Group Food Service Information

Thank you for choosing Seminole Dining to serve your group's needs. For Summer 2017, we have a variety of options available for your group including All You Care to Eat, Retail Dining and Legacy Catering.

**Please Note: Our goal is to accommodate your dining preference, however, due to high participation, your group may be assigned to a different dining option.*

***Dining Option Preference** (Please Check One):

- All You Care to Eat: Suwannee Room
- All You Care to Eat: Seminole Cafe (*Closed for Dinner meal period Summer 2017*)
- Retail Dining: Vouchers to be redeemed at select locations (*Locations to be provided during order confirmation.*)
- Legacy Catering

All You Care to Eat and Retail Dining Daily Meal Times & Pricing:

Meal Period	Time	Cost Per Person (excluding tax)
Breakfast	7:00AM - 9:00AM	\$7.50
Lunch	11:00AM - 1:00PM	\$7.50
Dinner	4:00PM - 6:30PM	\$7.50

General Guidelines:

A guaranteed number of camp participants must be emailed to Seminole Dining, LegacyCatering.FSU@Sodexo.com, five (5) business days prior to the first meal. The guaranteed number should include all guests associated with the group who are planning to eat (including campers, counselors, trainers, leaders, helpers, etc.). For your protection, each camper/group member should have a visible means of identifying the camp he/she is attending. This will assist us in making sure we charge each camp/group for only their participants. All meal times must be adhered to. Any changes must be made no later than thirty-six (36) hours prior to the first meal. For more information, or if you require catering for your event, please contact our sales team by emailing LegacyCatering.FSU@Sodexo.com or calling (850) 228-1727.

Seminole Dining 2017 Summer Camp Food Service Reservation Form

Please complete the form below and email to LegacyCatering.FSU@Sodexo.com. A Seminole Dining Representative will contact you within 2-3 business days regarding your request.

Camp/Group Name _____

Description _____

Contact Person _____

Phone Number _____

Camp/Group Director _____

Phone Number _____

Fax _____ E-mail _____

Payment Method Cash Check Credit Card

Direct Charge / Account # _____

Tax Exempt Yes No Tax Exempt Number _____

Meal Details

*Estimated Count: _____

*First Meal Date: _____ Starting with: Breakfast Lunch Dinner

*Last Meal Date: _____ Ending with: Breakfast Lunch Dinner

* Meal Times: Breakfast _____ Lunch _____ Dinner _____

*We kindly request any special dietary restrictions, allergies or special meals (vegetarian/vegan) that are required in advance. If needed, please provide details:

*Will all meals in this period be eaten at Suwannee Room or Fresh Food Company (STK)? Yes No
If not, where will your meals be eaten? Please enter details and schedule here:

*Method to Identify Camp Participants (i.e., nametag, hangingtag): _____

I, _____ have read and understand the policy regarding summer camp/group meals.

Signature: _____

Date: _____