

RESERVATION FORM FOR PARENTS- FALL 2017

NAME OF YOUR STUDENT _____

(for tracking purposes only)

DO NOT MAKE A RESERVATION FOR ANY OF THE MEALS FOR YOUR STUDENT!

You may pre-pay for lunch and dinner on Saturday. Your nametag will be marked to indicate meals for which you have paid.

DO NOT INCLUDE YOUR STUDENT IN THE RESERVATION
THEY WILL ATTEND A DIFFERENT DINNER

Please make check payable to ARAMARK and return with this form

Number for Saturday lunch in dining hall _____ x \$7.50 per person = \$ _____

Number for Saturday dinner in Idea Center _____ x \$15.00 per person = \$ _____

TOTAL = \$ _____

How can we reach you in case of questions? Phone or email contact information :

Would you like email confirmation of your reservation ? ___ yes ___ no

Email address _____ (please print clearly !)

Daytime phone number _____

PLEASE RETURN FORM AND PAYMENT NO LATER THAN AUGUST 4th TO:

AUSTIN COLLEGE – ARAMARK OFFICE
900 N. Grand Avenue, Suite 61643
Sherman, TX 75090-4440
903.813.2366

*Because of the need for advanced planning,
no reservations can be accepted after the deadline.*