

# Camp Akita Advance Guarantee Meal Count

**Absolute Deadline: This Form Must arrive at camp, 15 days before scheduled event.**

**An additional 10% late fee will be added to the total meal cost after this date: \_\_\_\_\_**

**Name of Group :** \_\_\_\_\_ **Reserved Date:** \_\_\_\_\_

Please fill in the total number of people for whom meals are to be prepared. Be sure to list everyone in their age group column.

Date	Breakfast, Lunch, ----- (Write In)	Time (Write In)	Ages		<b>Check dominant nationality attending:</b> Black: _____ Caucasian: _____ Haitian: _____ Korean: _____ Portuguese: _____ Ghanaian: _____ Hispanic: _____ Chinese: _____ Other: _____ Other: _____	
			10 - Adult	3y - 9y		
					<b>Please check Type of Meal Preferred</b>  % Vegetarian _____ % Vegan _____	
					<b>Allergy's</b>	
					<b>Please list known food allergy's #s</b>	

If your Actual Count is less than your Guaranteed Meal Count, we will absorb the difference, up to a 10% drop. However, anything beyond a 10% decrease in Actual Count, you will be responsible for paying the difference.

**Example: Guaranteed Count: 100 Actual Count: 75 Billed for: 90 (75 at regular rate 15 at lowest child rate)**

If the Actual Count is higher than your Guaranteed Meal Count, you will be responsible for paying the regular price for any meals over the Guaranteed number up to a 10% increase. Any meals above the 10% will be billed to you at 110%.

**Example: Guaranteed Count: 100 Actual Count: 115 Billed for: 110 regular price 5 at 110% of regular rate.**

**The Food Service Director will make every effort to accommodate the additional people but cannot guarantee the same meal quality.**

**Authorized By:** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Mail to:**  
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 Gilson, IL. 61436

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