

LCC Meal Plan Application

* Payment must be made before start of a Meal Plan.

STUDENT INFORMATION

LAST NAME: FIRST NAME:

STUDENT ID #:

LCC DORM YES

ROOM #:

RESIDENT: NO

STREET ADDRESS:

STATE:

PHONE NUMBER:

ZIP CODE:

I would like to purchase meal plans for the following months(s)

Check ALL that apply:

	HALF	FULL
FALL:	<input type="checkbox"/> August	
	<input type="checkbox"/> September	<input type="checkbox"/> September
	<input type="checkbox"/> October	<input type="checkbox"/> October
	<input type="checkbox"/> November	<input type="checkbox"/> November
	<input type="checkbox"/> December	<input type="checkbox"/> December

SPRING:	<input type="checkbox"/> January	
	<input type="checkbox"/> February	<input type="checkbox"/> February
	<input type="checkbox"/> March	<input type="checkbox"/> March
	<input type="checkbox"/> April	<input type="checkbox"/> April
	<input type="checkbox"/> May	<input type="checkbox"/> May

_____ Full Semester @ \$1000 = Total _____

_____ Full Month @ \$250 = Total _____

_____ Half Months @ \$125 = Total _____

I understand that by purchasing the LCC Meal Plan, I am allowed up to two meals each day, Monday-Thursday and one meal on Fridays. Meals do not roll over day to day or week to week. I can choose which meals I want to eat when the cafeteria is open. I understand that the meal plan is nonrefundable and in order to receive meals, I must first pay at student accounts.

Students Signature:

Date:

OFFICIAL USE ONLY

Date Received:

Date Processed:

Initials: