

LE MOYNE

Greatness meets Goodness

Meal Form

Le Moyne College Vocal Jazz Festival

School Name: _____

Ensemble Director: _____

Phone Number: _____ Email: _____

The Le Moyne College dining hall is no longer taking payment at the register for groups. All payments must be made **TWO WEEKS** before the event. Please include a copy of your school's tax exempt form with payment, otherwise you will be charged sales tax. No refunds can be made.

Brunch - \$6.00 per person with tax exempt form/\$6.48 with no tax form

Dinner - \$8.00 per person with tax exempt form/\$8.64 with no tax form

Brunch (9 a.m.-1 p.m.)

Dinner (4:15-7 p.m.)

of students: _____ x \$6.00 = _____

of students: _____ x \$8.00 = _____

of students: _____ x \$6.48 = _____

of students: _____ x \$8.64 = _____

Total amount enclosed: \$ _____

Please send this form along with your payment to the address below, **no later than October 20.**

Le Moyne College
Campus Center
Attn: Sodexo
1419 Salt Springs Road
Syracuse, NY 13214

All checks should be made payable to "Sodexo"