

Please complete this form and return it to the Main Office on the day of your departure. The numbers you fill in will be used to invoice your school/organization and kept on record to meet the State of New Jersey Child Nutrition Regulations.

Total Participants Day of Arrival	Day Two	Day Three	Day Four	Day Five
Total # Students: _____	Breakfasts: _____	Breakfasts: _____	Breakfasts: _____	Breakfasts: _____
Total # Faculty: _____	Lunches: _____	Lunches: _____	Lunches: _____	Lunches: _____
Total # Chaperones: _____	Dinners: _____	Dinners: _____	Dinners: _____	Dinners: _____
Total # Guests: _____	Lodging: _____	Lodging: _____	Lodging: _____	Lodging: _____

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Coordinator:

\_\_\_\_\_  
Date(s) in  
Residence: