

NEWMAN HALL MEAL ONLY CONTRACT

Semester/Year: _____

ME	AL F	PIN:	

The undersigned student, parent/guardian agrees to pay the amount listed for food service at Newman Hall for the period from the first day of classes until the last day of finals, exclusive of official UIUC holidays and vacations.

Purchase meal plans Monday – Friday 9AM-5PM at Newman Hall Dining Center.

Phone: UIUC ID #: Meal Plan Options* (Please select one):	
Meal Plan Options* (Please select one):	
5 Punch Meal Card - \$60 plus tax	
10 Punch Meal Card - \$115 plus tax	
20 Punch Meal Card - \$220 plus tax	
Non-resident 14 meals per week per semester - \$1,695 plus tax	
Non-resident 21 meals per week per semester - \$2,520 plus tax.	
*Prices subject to change.	
Signed/Dated:Sign	ed/Dated:
Newman Hall Food Service Manager, Karen Stiverson	Meal Plan Participant
Meal Plan Terms for Outside Boarders:	
Your plan works for breakfast, lunch & dinner at Newman Ha	all.
 You <u>may not share</u> your meal plan with others. If caught, you refund. 	u will lose your dining privileges with no
Please dine during designated mealtimes. Mealtimes can be	
Please remember, your meal plan does not carry over from t	his semester to the next. If you do not use a
your meals, they will be forfeited at semester's end.While outside boarders are welcome to come in and eat in the	ne dining room all other common areas and
public spaces are for the use of facility residents only. Please	· · · · · · · · · · · · · · · · · · ·



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