

BACA FOOD SERVICE REQUEST for Desert Sage Restaurant  
 Please return to Belinda Barrientos bbarrientos@coloradocollege.edu  
 NO LATER THAN 7 DAYS prior to departure

CLASS/GROUP: \_\_\_\_\_ FACULTY/LEADER: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_ NUMBER OF LEADERS: \_\_\_\_\_

Please indicate which meals you will eat at DS (include dates). Note any meals where you need a box lunch.

DATE	BFST	LUNCH	DINNER

**For student groups:**  
  
 What FOAP should the meals be billed to?  
 \_\_\_\_\_

**For classes:**  
 Students will be charged \$20/day (prorated by meal for half days). The charge will come out of their meal plan first, then tiger bucks, then student account. Please indicate if you are billing your department.  
 \_\_\_\_\_ department: FOAP

Faculty/leader signature: \_\_\_\_\_

*Please complete the student roster on the next page*

\_\_\_\_\_ DESERT SAGE USE ONLY BELOW THIS LINE \_\_\_\_\_

Total # of meals or days

# of meals	Rate	# in group	totals
	Full day @\$34.00		
	Breakfast @\$10		
	Lunch @\$11		
	Dinner @\$13		
		GRAND TOTAL:	

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Student Name	ID number	Meal plan	Dietary restrictions?
1			
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