

KOSHER

DINING MEAL AGREEMENT

This agreement is made between:
Stanford Dining and

_____ Meal Plan Holder

_____ Stanford SUID #

_____ email

Please mark the days you would like to participate in the kosher dining program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday (Shabbat Dinner)*

For the 2015-16 academic quarters of:

- Fall (9/21/15 – 12/11/15)
- Winter (1/4/16 - 3/18/16)
- Spring (3/28/16 – 6/12/16)

The agreement is for the 2015-16 Stanford academic year. The meal plan holder as named above has agreed that he/she will be participating in kosher dining pilot program at the Florence Moore dining hall for the academic terms selected. The meal plan holder agrees to have 1-5 dinner meals deducted by Stanford Dining each week during the term of the agreement as indicated above. The meal that is deducted will coincide with the kosher meal provided at the Florence Moore dining hall. The meals are non-refundable and will be deducted from the weekly meal allotment of the meal plan holder.

Signed:

Meal Plan Holder

Date

Students are asked to turn in their form (with payment if applicable) to Florence Moore Dining either electronically to flomo_dining@lists.stanford.edu or in person.

