

# OMBS Meals

## Breakfast -- \$3.00 each

Continental Style

Dry cereal  
Oatmeal  
Fruit  
Toast  
Milk, coffee, tea

## Lunch -- \$5.00 each

Choose ONE entree for your group

Hamburger

Cold cut sandwich

Both entrees served with Chips and a Soft drink

## Dinner -- \$7.00 each

Choose ONE entree for your group

Red beans & Rice

Lasagna

Spaghetti

Each of above served with French bread, Salad, and a Soft drink

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

Dates of Reservation \_\_\_\_\_

Number of Days for which meals are requested \_\_\_\_\_

Meal Cost:

**Breakfast:**     \_\_\_\_\_ Number of persons X \$3.00 X \_\_\_\_\_ (Number of days) =     \$ \_\_\_\_\_

**Lunch:**         \_\_\_\_\_ Number of persons X \$5.00 X \_\_\_\_\_ (Number of days) =     \$ \_\_\_\_\_

**Dinner:**        \_\_\_\_\_ Number of persons X \$7.00 X \_\_\_\_\_ (Number of days) =     \$ \_\_\_\_\_

Total Meal Cost =     \$ \_\_\_\_\_

Make check payable to: **OMBS**

**NOTE: Meal costs are not refundable.**