

West Virginia United Methodist Annual Conference 2009

Special Meals Request Form

If you wish to reserve a space for a special meal or reception on the campus of West Virginia Wesleyan College during Annual Conference, please follow the guidelines below:

- **10 person minimum per meal** (if you have less than 10 people, we suggest that you simply reserve a table in the corner of the dining hall)
- **Guaranteed Count:** After your initial reservation and meal count, a guaranteed number is required 24 hours prior to the function. The person requesting the meal will be responsible for the guaranteed number unless the actual number is greater.
- **Deposit required** (equal to ten persons and submitted with the reservation form)
- The person requesting the special meal will be **REQUIRED** to collect all monies from the individuals attending their function and be **RESPONSIBLE** for payment of the final invoice. Neither Aladdin Staff nor WV Wesleyan Staff will collect monies from individuals for special functions.
- **Cancellation Dates:** If there is a cancellation of your meal between March 1 and April 15, 75% of the deposit will be returned; cancellation between April 16 and May 15, 50% will be returned; after May 15, no refund will be given.

Mail this form with DEPOSIT to:

Debbie Leigh
 Local Annual Conference Arrangements Office
 West Virginia Wesleyan College
 59 College Avenue
 Buckhannon, WV 26201

Deadline for inclusion
 in the Pre-Conference
 Registration Booklet
MARCH 13

(Questions? 304-473-8007 or leigh_d@wvwc.edu)

Special Meal: Day _____ Date _____

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
Indicate	<input type="checkbox"/> Buffet \$7.75	<input type="checkbox"/> Buffet \$9.50	<input type="checkbox"/> Buffet \$10.75
Choice:	<input type="checkbox"/>	<input type="checkbox"/> Served \$11.25	<input type="checkbox"/> Served \$12.25

(Certain menu selections may result in additional costs)

Number attending: _____ Deposit for selected meal X 10 = _____
 (Make check to West Virginia Wesleyan College)

Name of Group: _____

Responsible Person: _____

Address: _____

Phone: _____

Email: _____

Special Requests: Head table _____ Number at head table _____
 Sound System _____ Other _____

By signing, I agree to be the responsible party for the invoice for the above requested meal:

 (Signature)

 (Date)