



MEAL SERVICE REQUEST

Today's Date _____

Name of Group	
Contact Name	
Contact Phone	
Contact Email	

Arrival Date		Departure Date	
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Email to (office@sotocamp.com) at least TWO WEEKS PRIOR to your stay.

Two weeks prior to your reservation, food will be ordered and prepared to support the confirmed number you provide. You will be responsible for that number even if there are fewer attendees at check-in.

Meal times are 8:30 a.m., 12:00 noon, and 6:00 p.m.

Each meal is served buffet-style to include beverages.

If needed, we can provide the ingredients of each meal to guests with food allergies. Guests with food allergies have access to a microwave during meal times.

Please provide the number of guests (adult/ child) per meal on each day.

*** Adult -- 12 years old and older.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Adult*/ Child						
Breakfast							
Lunch							
Dinner							

Signature of Contact Person

Date



Soto
SHEPHERD OF THE OZARKS