



# CRONKHITE

## Meal Plan Enrollment Form – Academic Year 2015-16

I hereby agree to take the Cronkhite Meal Plan outlined below. The signing of this form indicates acceptance of this contract, which cannot be terminated until the end of the term. I understand that the program is for meals Monday through Friday (breakfast, lunch and/or dinner), with the exception of holidays and recess periods.

### Student Information (Please Print)

_____ Last Name	_____ First Name & Middle Initial
_____ Harvard ID Number (or copy of letter of acceptance)	_____ Contact Phone
_____ Email	_____ Local Address
_____ Signature	_____ Date

### Program Selection & Payment (to be charged to your term bill)

- 5 Meal Plan \$1,330.00 per term (Circle One: Fall Spring Both)  
 10 Meal Plan \$2,526.51 per term (Circle One: Fall Spring Both)

*Note: The program is non-refundable. Participants are allowed one meal swipe per meal period, during any breakfast, lunch, or dinner. Unused meal balances are not transferable towards the next week; unused meals will be forfeited weekly (after dinner on Fridays).*

### To Enroll

Enroll by sending the completed contract to:  
Ann Chiamonte  
Harvard University Dining Services  
46 Blackstone Street  
Cambridge, MA 02139

**Contact** Ann Chiamonte at 617-495-2710 or by email at ([ann\\_chiamonte@harvard.edu](mailto:ann_chiamonte@harvard.edu)) with questions regarding the program.