

OFF-CAMPUS MEAL PLAN APPLICATION

PLEASE PRINT

STUDENT ID# _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE _____ E-MAIL _____ DATE OF BIRTH ____/____/____
mm / dd / yyyy

Please select one of the following:

FREEDOM PLAN (minimum \$100.00) \$ _____

TERM PLAN (*minimum four weeks @ \$65.00 per week*)

Total # of weeks purchased _____ @ \$65.00 per week \$ _____

Please select a **Start date** for your Term Plan: _____ / _____ / _____
mm / dd / yyyy

If Start Date is not selected, by default Start Date of Term Plan is the first day of classes in September.

Expiry date is determined by the number of purchased weeks _____ / _____ / _____
mm / dd / yyyy

I understand the details of the meal plan I have selected.

Student Signature (or Parent/Guardian if student is under 18) _____ / _____ / _____
mm / dd / yyyy

Note: *The Term Plan is non-taxable on most food purchases. This plan is non-refundable and non-cumulative, and any unspent monies will be forfeited at the end of the expiry date (except upon complete withdrawal from the University, subject to a minimum charge of 4 weeks).*

Payment made by:

- CASH AMEX MASTERCARD VISA
- DEBIT CHEQUE* MONEY ORDER

OFFICE USE ONLY

Initials: _____

Ref# _____ Date: _____

**Please make cheque payable to "McMaster University". NSF charge of \$50.00 will apply to any returned cheque (subject to change without notice).*

Cardholder's Name _____ Signature _____

Note: Do not use e-mail to submit your application if it includes your credit card information. You can use mail or fax.

Credit Card Number _____ Expiry Date _____