

Chabad House Jewish Student Organization At Rutgers University

Passover Meal Plan Registration Form

Name _____

Home Address _____

City, State Zip _____

Cell #. _____

Home Telephone _____

Rutgers ID. _____

Meal Package: All meals \$80

Single Meals: Breakfast \$5.00; Lunch - \$10.00; Dinner - \$13.00

Amount of Meals _____

Total \$ _____

Card Type _____

Card Number _____

Expiration Date _____

Billing Address and Zip code _____

MEAL PLAN CHECKS MUST BE MADE PAYABLE TO: CHABAD HOUSE SERVICES

Mail to: Chabad House, 170 College Ave., New Brunswick, NJ 08901

For more information please call: (732) 296-1800 fax (732) 828-6890

Students' meal plans are for personal use only and are not transferable.

Meal Times: Breakfast 7:45-10:00 am; Lunch 11:30 am – 2:30 pm; Dinner 5:30-7:30pm.

I hereby accept from Chabad House Jewish Student Center at Rutgers University the above noted meal plan arrangements. I agree to abide by the Chabad House Dining Terms and Conditions governing this agreement.

Signature _____

Date _____

**This form is for Passover Only Meal Plans.
If you already have a Chabad House Meal Plan,
you do not need this form - Passover meals are all included!**