**Weekly Meal Count Form - Residential Camps**

For the Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cabin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Clearly mark an **X** when camper has received a complete meal (or been offered a complete meal when using family-style meal service).

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| **Camper Name** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** | **B** | **L** | **Su** | **Sn** |
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**For Camp Office Use Only**

**Total reimbursable meals served Breakfast: \_\_\_\_\_\_\_\_\_\_ Lunch: \_\_\_\_\_\_\_\_\_\_ Supper: \_\_\_\_\_\_\_\_\_\_ Snack: \_\_\_\_\_\_\_\_\_\_**