

OFFICE USE ONLY



OFFICE USE ONLY

Retro _____

Voluntary _____

C - B _____

F.A. _____
Biographical _____
Card _____

**UNIVERSITY OF HAWAII, MANOA
DINING PLAN APPLICATION
Ph#: (808) 956-3663 Fx#: (808) 956-9671**

NAME _____
Last First MI Student ID No.

HOME ADDRESS _____
Street Apartment # _____
City State Zip Code Phone

DORM _____ Freshman Yes No
Residence Hall _____
Cell Phone _____ Email address _____

Semester/Year	Dining Plan	Price	OFFICE USE ONLY	
			Eff. Date	Comments
Fall '09				

Payment by Credit Card: Card# _____

VISA MC DISCOVER AMEX DINERS / Exp. Date _____ CVC Code _____

Name on account (please print) _____

Authorized Signature: _____

OFFICE USE ONLY:		Date Due	Amount	Comments
Account	How Paid			
Due:	Cash:			
Pd:	Check:			
Bal:	Chg:			
	Rec'd By:	Other Information: _____		

REPORT LOST CARDS IMMEDIATELY to the University Dining Services Office. Cancellations and refunds must be requested in accordance to the Dining Plans' policies. Failure to use your plan does not warrant any refund; all requests must be made in writing with the University Dining Services Office.

I have read and understand the above information, and agree to adhere to all policies:

Signature _____
(Dining Plan invalid without Signature)