Itasca Community College
2014-2015 Meal Plan Application

- Any balance leftover at the end of the semester will NOT carryover to the next semester.
- Students are allowed to add a balance to their meal plan account in MINIMUM increments of $25.
- ICC has the right to limit the number of prepackaged items per day.
- Student ID cards are required for meal plan purchases.

Meals are served at the following times: Monday-Thursday ....... 10:30 a.m. to 6 p.m.
Friday .................................. 10:30 a.m. to 4 p.m.

If a student totally withdraws from school, any unused meal plan money is refunded according to the following schedule:

- Before the first day of the semester ........................................... 100% refund
- 1st through 5th class day .......................................................... 100% refund of balance
- 6th through 10th class day ....................................................... 75% refund of balance
- 11th through 15th class day ...................................................... 50% refund of balance
- 16th through 20th class day ...................................................... 25% refund of balance
- After 20th class day ................................................................... no refund

Students living in Itasca or Wenger Hall do not have to complete this form. The meal plan will automatically be added to their account.

To purchase a meal plan, please complete the form below:

Student Name ___________________________________________ Student Tech ID # _________________

Permanent Address of Student _____________________________________________________________

Plan Options: $50______ $100______ $200______ $300______

Note: Any balance leftover at the end of the semester will NOT carryover to the next semester.

________________________ __________________________
Signature Date

Return this form and meal plan payment to: Viking Grill
Itasca Community College
1851 E Hwy 169
Grand Rapids, MN 55744

_____Cash/Check Please make your check payable to "ICC Viking Grill"

_____Credit Card Credit Card # ____________________________
Expiration Date ____________________________
Credit Card Billing Street # or PO Box # ____________________________
Zip Code ____________________________

MasterCard, Discover and Visa accepted