

Kosher Request Form 2019

Please complete this form and fax to the Dining Service office at 802-443-2064 or email at rclevela@middlebury.edu .

Name: _____

Email Address: _____

Language/School: _____

Date you will be arriving: _____

Date you will be departing _____

Telephone number: _____

This form sets an intention that you will take the kosher meals prepared for you for the duration of the program or until you inform us that you no longer want to take a Kosher meal. Middlebury College absorbs the costs of operating the on-site kosher kitchen rather than passing these additional costs to participating students. Please grant us the courtesy of eating the meal prepared for you. Should you decide to withdraw from the kosher meal plan for any reason, please notify either the chef, your school coordinator or bilingual as soon as possible.

Meals always include a variety of fresh ingredients, and we purchase from local producers when possible. All of our prepared kosher meals will be meat and parve, no dairy. The menu for the day will accompany the meal listing the common name of the dish as well as a list of the ingredients specifically noting the 7 common allergens. We cannot cater to everyone's particular likes but if you have difficulty eating our prepared food please talk to the chef and we will see what accommodations we can make.

In order for us to accurately plan for the kosher kitchen to open and operate for the 7-week School of Hebrew program, which begins June 28th, we will need to know of your intention to take kosher meals **before June 28th** by filling out this Kosher Request form and faxing to 802-443-2064 or emailing to rclevela@middlebury.edu