Additional Meal Payment Form:

Name of additional guest(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment of $33.00 per each additional meal and this form must be received by September 14, 2022**

Please make check out to:

East Central Illinois Area Agency on Aging

Attn: Lauren Laine

1003 Maple Hill Road

Bloomington, IL 61705