



**Meal Payment Form**  
**VHS Track & Field**

**Athlete's Name:** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Payment of \$50.00 covers meals for 8 meets.**

**Total amount enclosed** \_\_\_\_\_

**Ham** \_\_\_\_\_

**Turkey** \_\_\_\_\_

**Veggie** \_\_\_\_\_

**Refunds will not be administered without approval of Coach Hermes and Coach Helm**