

CBCM Meal Card Application Form

Date Applied: _____

Name (please print clearly) : _____

Phone Number: _____

[eCard] Please list people in your family that want an eCard:

[Real Card] Please list people in your family that want a Real Card: (\$1 per person/per card)

Note: _____

*Please return this form to the Information Desk on Sundays, or email the photocopy of this form to hospitality.dept@bcm.org.