

# GOLDEN SANDS BAPTIST ASSEMBLY

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## MEALS ORDER FORM

Name of Church : \_\_\_\_\_

Contact Person : \_\_\_\_\_ H/P No : \_\_\_\_\_

Date Check In : \_\_\_\_\_ Date Check Out : \_\_\_\_\_

	TIME	MEALS	MENU 1	MENU 2	MENU 3	MENU 4	BBQ OPT 1	BBQ OPT 2	TOTAL PAX
<b>DAY 1</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							
<b>DAY 2</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							
<b>DAY 3</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							
<b>DAY 4</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							
<b>DAY 5</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							
<b>DAY 6</b>		<b>BREAKFAST</b>							
		<b>TEA BREAK</b>							
		<b>LUNCH</b>							
		<b>DINNER</b>							
		<b>SUPPER</b>							
		<b>BBQ</b>							

\*Please Tick

