



# Eastern Goldfields Community Centre In-Centre Meals Program Order Form

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

**Week 1** (Start of the month)

Wednesday (date): _____	Soup \$2	Main \$10	Dessert \$2
Friday (date): _____	Soup \$2	Main \$10	Dessert \$2

**Week 2**

Wednesday (date): _____	Soup \$2	Main \$10	Dessert \$2
Friday (date): _____	Soup \$2	Main \$10	Dessert \$2

**Week 3**

Wednesday (date): _____	Soup \$2	Main \$10	Dessert \$2
Friday (date): _____	Soup \$2	Main \$10	Dessert \$2

**Week 4**

Wednesday (date): _____	Soup \$2	Main \$10	Dessert \$2
Friday (date): _____	Soup \$2	Main \$10	Dessert \$2

**Total Cost:** \_\_\_\_\_

**Payment Date:** \_\_\_\_\_

**Payment Type:** \_\_\_\_\_

*Pre-payment is preferred (via cash or EFT directly to EGCC Admin office)*

**Acknowledgement**

I understand that by signing below I agree to receive the meals on the dates as indicated from the EGCC kitchen and refunds are only at the discretion of EGCC staff should I not attend to collect my meals on the indicated date.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EGCC Contact Details**

Address: 13 Roberts Street, Kalgoorlie  
Telephone: 08 9021 9800  
Email: mailbag@ckb.wa.gov.au

**EGCC Opening Hours**

Monday to Friday  
8:30am to 3:00pm  
Closed weekends and public holidays