



MEAL PLAN ORDER FORM

date: _____

	MON	TUES	WED	THUR	FRI	SAT
Brussels sprouts - 64cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower - 38cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green beans - 48cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms - 33cal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauces – 2 oz						
Sriracha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimichurri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DF dairy free GF gluten free V vegetarian						

CAREIT PICK-UP LOCATION

- CRESTWOOD 9672 – 142 Street, Edmonton
- FOX ONE 10230 – 104 Street, Edmonton
- HAMPTONS 5236 – 199 Street, Edmonton
- ST. ALBERT #105 – 140 Bellerose Drive, St. Albert

PICK-UP DAY *two for 5 & 6 day plans* Monday Wednesday Friday

PRE-AUTHORIZED CREDIT CARD

If you aren't comfortable sending electronically, we can call to collect your information.

Please mark one VISA Master Card

Account Number _____

Expiry Date _____ / _____ 3 Digit Code _____

Card Holder Name _____

Signature _____

I hereby acknowledge that I have read and understood the terms and conditions of this plan.

TERMS & CONDITIONS

The Careit Fit Meal Plan has a three (3) day per week and a four (4) week minimum commitment. Forms must be submitted 48 hours before your pick up day or we will repeat the last week's order. Pre-authorized credit card payments will be charged weekly for a minimum of four (4) weeks or when you cancel the program. Any changes or cancellation to the meal plan must be emailed to meals@careit.ca 48 hours before pick-up day. Early cancellation penalties will be charged using Option 2 as a base.

For further information on each meal item and about the plan please visit careit.ca/mealplans