RAINEY MOUNTAIN SUMMER CAMP

SPECIAL DIETARY NEEDS REQUEST

This form needs to be submitted to the council 4 weeks before your scheduled arrival date.

Unit (Type & Number): _____ Council/District: _____

Week Attending: [ ] Week 1 [ ] Week 2 [ ] Week 3 [ ] Week 4
[ ] Week 5 [ ] Week 6 [ ] Week 7

Request is for: [ ] Youth [ ] Adult Name: _____

Parent/Guardian Name:
_____

Type of Special Dietary Request: [ ] Medical [ ] Allergy [ ] Preference [ ] Religious
Other: _____

Please check all that apply:

[ ] Gluten Free	[ ] No Peanuts	[ ] No Soy	[ ] No Dairy
[ ] Lactose Free	[ ] No Tree Nuts	[ ] No Shellfish	[ ] No Eggs
[ ] No Fish	[ ] Vegetarian/Vegan	[ ] No Pork	[ ] No Beef

Other: _____

Specific Details and Explanation of Needs:
_____
_____
_____

Please detail the immediate steps that should be taken if this person is accidentally exposed to food he or she is not supposed to have:
_____
_____
_____
_____

Please return the completed form to our Food Service Director, Carl Sandberg at crmdininghall@yahoo.com.

FOR OFFICE USE ONLY

DATE RECEIVED AT COUNCIL OFFICE: _____

COPY TO FOOD SERVICE DIRECTOR: _____

STATUS: _____

REASON: _____

DATE RESPONSE SENT: _____