SPECIAL DIET AND MEALS REQUEST FORM

Return this form to the council office no later than 14 days before your arrival at camp

Troop #_____ Week #_____ Campsite #_____

Wednesday Night Meal in Campsite

Our troop has decided on the following meal option for Wednesday night's meal:

_____ Our troop requests supplies for "tin foil dinners" from the dinning hall. (Camp will supply enough food for only your registered campers and leaders.)

_____ Our troop will be preparing a meal with our own supplies at our campsite

_____ Our troop will be ordering pizza. Large single topping pizza with 8 slices. Approximately $8.00 - $10.00 each. Payment due to delivery person upon delivery of product.

Type of Pizza	Quantity
Cheese	
Pepperoni	
Sausage	
Total Pizzas	

Payment Type

- ☐ We will pay cash at camp
- ☐ We will pay with a check at camp
- ☐ We will give you a credit card number when we arrive at camp

Request for Special Dietary Needs

Allergies and special diets are a common concern of our campers. Our food service is very experienced with accommodating most diets including food allergies, religious restrictions, and other health-related diets. We are happy to work to accommodate any diet; however, we require this form be submitted **at least two weeks prior to arrival at camp.**

NOTE: **Special diet requests are for food allergies, religious restrictions, and other health-related needs only.** Requests should not be made for food preferences, personal taste, or for "picky eaters": the camp cannot accommodate these requests and they will not be honored. Vegetarian alternatives are available at each meal and unless a true medical need, should not be requested here.

Example of special diet requests include: gluten-free diet, kosher meals, peanut allergy, lactose intolerance, etc.

Example of diets that are ***not*** a special request include: vegetarian diets, child does not like vegetables, child will only eat hot dogs or hamburgers, etc.

Please complete this form and submit to the Blue Grass Council at least two weeks prior to arrival at camp:

Scout's Name: _____

Medical condition or religious need: _____

_____

Person to contact for questions or clarification: _____

Phone # _____ Email _____

COPY AS NEEDED FOR ADDITIONAL SCOUTS

Office Use Only

Date Received: _____ Received by: _____

Notes: