

Participant's Name: _____

Troop # _____ Campsite: _____ Camp Week: _____



Please list all dietary restrictions/food allergies _____

Any special food needed? _____

Any special times special food needed? _____

Participants Signature: _____

Parent/Guardian Signature: _____

(For those under 18)

Parent's Phone # _____

Please submit this form during medical check in the Dining Hall and please make sure leaders at camp are aware of dietary restrictions/food allergies