SPECIAL DIETARY REQUEST

** FOOD ALLERGIES **

This form is for detailed information for meals – and MUST BE COMPLETED & SENT IN BY

Return to the Quivira Council Program Executive

Dietary Request must also be indicated on the person's registration in Black Pug.

Please Print or Type Unit Type: [] Troop [] Crew [] Sea Ship Unit #: _____ Council: ____ District: ____ Unit Leader Making Request:_____ Unit Leader's Phone #: (_____) ____ Request Made For (Name of Person): Y or A Type of Food Allergies: (Please circle the need) OFFICE USE: Copy to Food Coordinator on ______

Return to: Quivira Council Program Exceutive 3247 N. Oliver, Wichita, KS 67220 or Scan and Email: D'Kolle.Mowery@scouting.org