

SPECIAL DIETARY REQUEST

**** FOOD ALLERGIES ****

**This form is for detailed information for meals
MUST BE COMPLETED &
SENT IN 2 WEEKS PRIOR TO EVENT**

Return to the Quivira Council Program Director

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

Please Print or Type

Event Name: _____

Event Date: _____

Summer Camp Session #: (if applicable) _____

Unit Type: **Pack** **Troop** **Crew** **Ship**

Unit #: _____ Council: _____ District: _____

Unit Leader making request: _____

Name of request made for: _____

(If youth, please fill out parent info below) Youth Adult

Parent Name: _____

Parent Phone: _____

Parent Email: _____

List Food Allergies & Types :

**Return to: Quivira Council Program Executive
3247 N. Oliver, Wichita, KS 7220
Or Scan & Email: D'Kolle.Mowery@Scouting.org**

Submit one copy to the council office
Unit to keep one copy to turn in with the individual's health form

OFFICE USE: Copy to Food Coordinator on _____