

## SPECIAL DIETARY NEEDS REQUEST



## \*\*\*This form needs to be submitted to Black Pug <u>four weeks</u> before your scheduled arrival.\*\*\*

Scouts BSA Resident Camp Session: 1) 2) 3) 4) 5) Cub Resident Camp: 1) 2) 3) Campsite (if known): Request Made For: Youth Adult Name: Adult/Parent Name: Adult/Parent Phone #:  Adult/Parent Phone / Email: Type of Special Dietary Request: Gluten Free Lactose Free No Beef Vegetarian / Vegan No Peanut/Tree Nut No Pork Specific Details and Explanation of Needs:  Every effort will be made to accommodate needs, but we cannot make guarantees.  If we have question or concerns about the details or explanation, we will contact you to clarify  Office Use Only: Status:  Date Received @ Council: Approved: Conditional Approval: Rejection of Kitchen Manager: Reason:			Council / District:	IIIUCI	Unit Type / Numb	
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