



SPECIAL DIETARY NEEDS REQUEST



*****This form needs to be submitted to Black Pug four weeks
before your scheduled arrival.*****

Unit Type / Number: _____ Council / District: _____

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.*

For Office Use Only:	Status:
Date Received @ Council: _____	Approved: ___ Conditional Approval: ___ Rejected: ___
Copy to Kitchen Manager: _____	Reason: _____
Date Response Sent: _____	_____