



SPECIAL DIETARY



NEEDS REQUEST

Send completed form to: Suzi.Kidd@scouting.org

*****Completed form must be submitted four weeks before your scheduled arrival.*****

Unit Type / Number: _____ Council / District: _____

Scouts BSA Resident Camp Session: 1) ___ 2) ___ 3) ___

Cub Resident Camp: 1) ___ 2) ___

Campsite (if known): _____

Request Made For: Youth ___ Adult ___ Name: _____

Adult/Parent Name: _____

Adult/Parent Phone #: _____

Adult/Parent Phone / Email: _____

Type of Special Dietary Request:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> No Beef |
| <input type="checkbox"/> Vegetarian / Vegan | <input type="checkbox"/> No Peanut/Tree Nut | <input type="checkbox"/> 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: _____
