

Quartermaster Food Questionnaire



Welcome to Wood Badge !

Your Quartermaster staff is looking forward to serving you. We have planned a well-rounded menu that generally covers most dietary needs. However, we need to plan for in advance for special situations to insure your needs are met.

Please complete the information and return as soon as possible.

Please fill out this questionnaire and return to the Quartermaster. Most important, list your known food allergies and special dietary needs (medical, religious, other). Thank you for helping us finalize our menu by informing us of any special needs or concerns.

Name: _____ Date: _____

Food Allergies: _____

Special Dietary Needs: _____
(Medical / religious / other)

Food Preferences - LIKES: _____

Food Preferences - DISLIKES: _____

Drink Preferences: (Circle all that apply)

Tea: Regular / Decaf Milk: Skim / 1% / Whole Iced Tea: Sweetened / Unsweetened

Juice: Apple / Grape / Grapefruit / Tomato / Orange Do you need a C-PAP Yes

Your Favorite meal that could be served Family Style _____

Is there anything special we might need to know? _____

Do you have any recourses that may help us reduce our costs? _____

Please return this form to: Quartermaster _____