

## DIETARY RESTRICTIONS

Please submit completed form at least two weeks prior to arrival at camp.

Dietary Restrictions forms received at the Council office within two weeks of the first day of the applicable camp session will incur a late fee of \$25 which will be added to the individual campers' fees.

To: Camp Sequassen Camp Director

Subject: Special dietary request

Please provide alternative meal for \_\_\_\_\_

Name

\_\_\_\_\_

Unit

\_\_\_\_\_

Week

\_\_\_\_\_

Campsite

On \_\_\_\_\_ for \_\_\_\_\_

Date

Meal

Specify dietary restriction (religious/medical): \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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