

## DIETARY RESTRICTION

To: Deer Lake Camp Director – Resident Camp

Subject: Special dietary request

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

Name

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Session

\_\_\_\_\_  
Campsite

On \_\_\_\_\_ for \_\_\_\_\_  
Date Meal

Specify dietary restriction: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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