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 reques | Special dietary request | | | | | |
| Please provid | de alternative meal for | Name | | | | | |
| Unit | | Week | | Campsite | | | |
| | | | _ | Campsic | | | |
| On | | | for | Meal | | | |
| Specify diet | tary restriction (religiou | s/medical): | | | | | |
| Parent Signatur | e | | | Date | | | |
| Dietary To: | Restrictions forms receive | bmit completed ed at the Counci late fee of \$25 w | form at lead office wi | ESTRICTIONS st two weeks prior to ar thin two weeks of the fin be added to the individua | rst day of the application | able camp session | |
| Subject: | Special dietary reques | st | | | | | |
| Please provid | de alternative meal for | | | | | | |
| Unit | | Week | | Campsite | | | |
| On | | | for | | | | |
| Specify diet | tary restriction (religiou | .s/medical): | | Meal | | | |
| Parent Signatur | e | | | Date | | | |