## **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 Scouts' fees.

To:	Camp Sequassen Ca	mp Di	irector
Subject:	Special Dietary Requ	est	
Please pr	ovide alternative mea	al for	
·			Name
Unit	 Week		Campsite
On	fc	or	
Date		Meal	
Specific D	ietary Restriction (re	ligious	s/medical):
			<del></del>
Parent Signature	·		Date
		DIE.	TARY RESTRICTIONS
	Please submit comr		form at least two weeks prior to arrival at camp.
Diotany B			at the Council office within two weeks of the first day of the
•			ur a late fee of \$25 which will be added to the individual Scouts' fees.
То:	Camp Sequassen Ca	mp Di	
	Special Dietary Requ	-	
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Please pr	ovide alternative mea	al for	Name
Unit	Week		Campsite
On	fo		
Date		Meal	
Specific D	lietary Restriction (re	ligious	s/medical):

Date

Parent Signature