

DIETARY ALLERGIES

In an effort to better serve you, we ask that you complete this form if you have any special dietary needs, restrictions, or food allergies. Email the form to brent.baker@scouting.org at least 2 weeks prior to arriving at camp. Please put "Skymont Dietary Allergies" in the subject line.

Name: _____ Phone # _____

Troop Number: _____ Council: _____

Campsite: _____

Week of Camp: ☐ Week 1 – June 11 – 17 ☐ Week 2 – June 18 - 24 ☐ Week 3 – June 25 - July 1

Please list or describe any special dietary needs, restrictions, or food allergies:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.