DIETARY ALLERGIES

In an effort to better serve you, we ask that you complete this form if you have any special dietary needs or food allergies. Email the form to **SkymontSR@gmail.com** at least 2 weeks prior to arriving at camp. Please put "Skymont Special Diet" in the subject line.

Name_____ Phone # _____

Troop Number_____ Council _____

Week of Camp: 1 6/3-9/18 2 6/10-16/18 3 6/17-23/18 4 6/24-30/18 5 7/1-7/18 6 7/8-14/18

Campsite_____

Allergies or foods you can not eat:

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