PEACEFUL VALLEY SCOUT RANCH
TAHOSA HIGH ADVENTURE CAMP

SPECIAL DIET REQUEST FORM

Please indicate which camp you are attending:

_____ **Cris Dobbins** _____ **Camp Dietler** _____ **Alpine Adventures**

_____ **Tahosa Resident Camp** _____ **Magness Adventure Camp** _____ **W.E.S.T.**

Personal Information (Print Clearly)

Name: _____ ❑ Scout ❑ Adult

Unit Number: _____ Council: _____ Dates Attending: _____

Allergies and special diets are a common concern of our campers. Our food service is very experienced with accommodating most diets including food allergies, religious restrictions, and other health-related diets. We are happy to accommodate any diets for religious, medical or allergy needs; however, this form must be submitted **at least two weeks prior to arrival at camp**. Please complete and submit this form to the Denver Area Council, Attention Camping Department. Fax: 303-455-4689 or email: camping@denverboyscouts.org.

Please note: Special diet requests are for food allergies, religious restrictions, and other health related needs only.

Medical Restriction	**Religious Restriction**	**Food Allergy**
❑ Diabetic	❑ Buddhist	❑ Milk
❑ Lactose Free / Non-Dairy	❑ Hindu	❑ Eggs
❑ Gluten Free	❑ Jewish	❑ Peanuts / Tree Nuts
❑ Vegetarian	❑ Muslim	❑ Wheat
❑ Other _____	❑ Other _____	❑ Other _____

Special Instructions:
❑Parent/Guardian or unit will provide appropriate food alternatives for this individual.

_____

_____

_____

Person to contact for questions or clarification: _____

Phone # _____ Email: _____

Parent/Guardian Signature _____ Date: _____

Unit Leader Signature _____

Office Use Only: Special Diet Request Received: _____ Send to Camp: _____

Special food requests should only be make for food allergies, religious restrictions, and health related issues. Please note we may be unable to honor some requests without some assistance from parent/guardian or troop.