



UNIT LEADERS: This form MUST to be submitted 3 weeks prior to your scheduled arrival.
Without this request, in advance, we will not be able to supply specialty meals.

Unit Type: _____ Number: _____ Council _____

Camp Week: 1) _____ 2) _____ 3) _____ 4) _____ Cubs) _____

Request Made For: Name: _____ Youth _____ Adult _____

Adult/Guardian Name: _____

Adult/Guardian Phone #: _____

Adult/Parent Email: _____

Type of Special Dietary Request (Medical Allergy Listed on Health Form or religious reasons ONLY):

Gluten Free: _____

No Pork: _____

Lactose Free: _____

No Soy: _____

No Dairy: _____

No shellfish: _____

Vegetarian _____ / Vegan _____

No fish: _____

No Peanut: _____

No Beef: _____

No Tree Nut: _____

Other: _____

No Egg: _____

Specific Details and Explanation of Needs:

Please explain the immediate steps that should be taken if this person is accidentally exposed to the food that he or she is not supposed to have?

Please return completed forms to: foodservice@pipsicobsa.com

Our food service staff will be contacting you to confirm the special diet request and exchange information.

For Office Use Only:

Status: _____

Date Received @ Council: _____

Date Response Sent: _____

Reason: _____

