

# LAKESIDE BIBLE CAMP SPECIAL DIET REQUEST

Email to [foodservice@lakesidebiblecamp.org](mailto:foodservice@lakesidebiblecamp.org) or fax to 360.341.2311

Today's Date:

Camper's Name:

Camper's age:

Parent's name if camper is under 18:

Camp/Retreat Group Name:

Dates of Stay:

Arriving:

Departing:

What is the best way to reach you?

Home phone:

Cell phone:

Email:

Do you need to speak to our dietary specialist?

## **Vegetarian Diet**

Please prepare vegetarian meals for me.

*Please select all that apply.*

I am a vegan.

I DO eat fish.

I DO eat poultry.

I DO eat eggs.

I DO eat dairy.

## **Medical Diet**

*Please select all that apply.*

Food allergies

Eggs

Nuts

Soy

Other food allergy

Describe other food allergy:

Gluten Free

Lactose Intolerant

Can eat some dairy (such as butter and cheese as part of an entree)

Cannot eat ANY dairy

Low sodium

Other medical diet

*Feel free to provide any other pertinent information:*