Howard H. Cherry Scout Reservation Hawkeye Area Council, Boy Scouts of America

Special Dietary Request Form Submit AT LEAST 2 weeks BEFORE start of camp

Abbottsix@aol.com

Name:		Раск/Тгоор #
Camp Type (check one)		
	Cub Overnight	Scouts BSA Camp
	Cub Resident Camp	
Dates of Camp:		
Date Submitting Form:	Please Submit AT LEAS	ST 2 Weeks BEFORE START of Camp
require special diets, whe	ether for medical or reli Scout Service Center to	have Scouts or adult leaders who ligious reasons, to fill out this request wo weeks before the person will be
Special request (be as sp	pecific as possible, i.e.	. low sodium diet, no pork, etc):
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		is important that this form be turned in to camp so the Commissary staff can
We do realize some individuals require a diet that is very specialized. For those ndividuals, we ask that they bring their own food to camp. Their food can be stored in our kitchen. The camp cook will be happy to help in the preparation of the special food.		
Please use this option onl	ly if medically necessa	ary or required by religion.
Thank you.		