Camp Howqua Catering

Group Name:_____

Co-coordinator Name:_____

Arrival Date:_____First meal: *(Please circle)* Breakfast/Lunch/Dinner

Departure Date:_____Last meal: *(Please circle)* Breakfast/Lunch/Dinner

Total Numbers: Adults _____ Children *(2-5 yrs)* _____

Dietary Requirements:

Please note that this is for those that have specific allergies or dietary requirements *(including vegetarians).* If an allergy is for a raw food *(eg egg)* but not for its cooked equivalent please also detail this.

Meals will be provided for these people to their specific needs.

Name	Dietary Requirement