

SPECIAL DIET REQUEST FORM

NAME OF SCOUT: _____

TROOP/PACK#: _____ **WEEK:** _____

Loud Thunder Scout Reservation wants to provide the best possible experience for each camper, and we will make a sincere effort to accommodate special dietary needs commensurate with our facilities and budgetary constraints. To insure that we have the best chance to assist with your special needs, please complete this form and submit it with your unit camp paperwork at the Camp Leaders Meeting in early May, or as soon as you can after that. Following your submission, please contact the Camp Director for a full and complete discussion of your needs so there is no confusion on what is expected.

To insure that we have the ability to meet your needs, you must let us know **AT LEAST 2 WEEKS** prior to your arrival at camp. We are confident we can meet most dietary needs, but we need your cooperation early in the process to guarantee success. Parents **PLEASE** insure your son is instructed to eat the special meal we will prepare for him; we cannot be responsible for his diet if he chooses regular camp meals.

DIET REQUIREMENTS:

Thank you for your cooperation in this matter.

Send To:

Before June 5
 Illowa Council Service Center
 4412 N. Brady St.
 Davenport, IA 52806
 Phone: 563-388-7233 Ext. 120
FAX: 563-388-7040

After June 5
 Loud Thunder Scout Reservation
 9906 175th Street West
 Illinois City, IL 61259
 Attn: John Neumann
 Phone: 309-795-1442
 FAX: 309-795-1447