Special Dietary Needs Form

Week _____ Dates: _____/_____/_____ to _____/_____/_____ Page _____ of _____

Council: _____ Troop Number: _____

*****Dietary needs are due to camp leadership 3 weeks prior to your camp session or a $100 fee will be assessed per Scout/Leader on form.**

Send to: sdiccamp@scouting.org

Participant Name	Parent Name (if participant is under age of 18)	Contact Information	Special Dietary Need