

Camp Roosevelt-Special Dietary Form

Scout's Name: _____ Troop #: _____

Week(s) of Camp:	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>	Week 3 <input type="checkbox"/>	Webelos Week <input type="checkbox"/>
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Parent's Name: _____

Parent's Phone #: _____

Parent's Secondary #: _____



Please List all Dietary Restrictions:

_____	_____
_____	_____
_____	_____
_____	_____

Please List Special Foods Brought to Camp:

_____	_____
_____	_____
_____	_____
_____	_____

Please mail this form to Camp Roosevelt at the address below at least 2 weeks prior to arrival to camp, or email it to CampRoosevelt@GardenStateScouting.org.

Kitchen Manager
Camp Roosevelt
384 Watsons Mill Road
Elmer NJ, 08318

Roosevelt
SCOUT RESERVATION
GARDEN STATE COUNCIL, BSA

Or email it to CampRoosevelt@GardenStateScouting.org