DIETARY RESTRICTION

Please submit completed form at least two weeks prior to arrival at camp.

To:	Camp Sequassen Car	np Director			
Subject:	Special dietary request				
Please provi	de alternative meal for	Name			
		Name			
Unit	t	Week		Campsite	
On			for		
Date				Meal	
Specify die	etary restriction:				
Parent Signatu	re			Date	
		DIET	ADV DI	ESTRICTION	
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				,	
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On			for		
Date			101	Meal	
Specify die	etary restriction:				
Damard G'					
Parent Signatu	ie –			Date	

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