

Murphys Camp food service
Special Diet Request Form

Camper Name: _____

Address: _____

City, ST, Zip: _____ Phone: _____

Group with whom you will be attending: _____

Dates of Camp/Retreat: _____

Please list specific food allergies or needs: _____

What type of foods do you eat at home? _____

In an emergency, please contact: _____

Phone: _____

Is your special diet request the result of a doctor-prescribed medical NEED? Yes No

We will make an effort to accommodate your special needs. Please note that this is NOT a menu wish list, but a special service to campers with bona fide dietary NEEDS. **We do not have the staff to make special meals for everyone.** In most cases, we will try to use our regular menu and adjust it to the special diet needs. We encourage your suggestions, but make no guarantees!

May we suggest bringing along some favorite foods and snacks to supplement your diet. We will be happy to provide refrigerator and freezer space for you if possible.

GROUP LEADER: PLEASE DUPLICATE THIS FORM IF YOU HAVE MORE THAN ONE CAMPER WITH SPECIAL DIETARY NEEDS. MAIL OR FAX TO MURPHYS CAMP AT LEAST 10 DAYS PRIOR TO YOUR STAY.

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Murphys Camp Food Services Director, P.O. Box 1422, Murphys, CA 95247
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