



## CAMP OMEGA, INC.

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## Dietary Restrictions Request

In order to accommodate the dietary restrictions of guests, complete, sign and return (email, FAX or mail) to the camp office at least one week prior to the start of the event. If this document is submitted, the expectation is the participant has needs that they must adhere and will be expected to consume the food specifically prepared for them. If they choose otherwise, fees to cover the costs of purchasing and preparing will be assessed.

Participant's Name: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Parent/Guardian's (if above is a minor): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

**Explain your special dietary restrictions (food allergies, intolerance, personal choice, etc.):**

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Participant or Parent or Guardian's Signature (if guest is a minor)

Date