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DIETARY NEEDS REQUEST FORM

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any person who will be attending an event at Calvin Crest Conferences. Please use additional pages if needed. Complete this form and return it to Calvin Crest no less than 2 weeks prior to your camp/retreat/conference.

PLEASE NOTE: Calvin Crest is able to accommodate the following Dietary Needs: Vegetarian, Food Allergies, and dietary needs due to a Medical Condition. In order to accommodate the aforementioned dietary needs the Kitchen Supervisor must be notified of these needs no later than two weeks before arrival. *Please contact Kitchen Supervisor for Vegan diets.* Camper/Participant may bring their own food for the kitchen staff to prepare. Please contact the Kitchen Supervisor for more information. There is no registration fee reduction for this service. Other dietary needs may be accommodated on a case by case basis per approval from the Kitchen Supervisor and the Director of Operations.

CAMPER NAME	PARENT/GUARDIAN NAME (If under 18 years old)
PHONE	CAMP/EVENT ATTENDING (Please Include Session Code, If Applicable)
CHECK ONE: <input type="checkbox"/> CHILD (0-12YRS) <input type="checkbox"/> YOUTH (13-17 YRS) <input type="checkbox"/> ADULT (18+ YRS)	
PLEASE LIST IN DETAIL ALL FOOD ALLERGIES/DIETARY NEEDS DUE TO A MEDICAL CONDITION, AND ANY NECESSARY PRECAUTIONS THAT SHOULD BE TAKEN:	
PLEASE INDICATE ANY FOOD RESTRICTIONS (NON-ALLERGY, NON-MEDICAL) AND FOOD SUBSTITUTES THAT MAY BE CONSIDERED:	