

Frontier Camp Special Dietary Request Form



The food service staff at Frontier Camp strives to provide the best meal experience we can for each member of your group. The more complete information each individual provides on the form on the next page, the better we will be able to make adjustments to the menu and provide substitutions.

Please see the chart below that explains our policy for guests/groups with special dietary needs/restrictions.

Special Diet Request Forms received:

| | |
|----------------------------|--|
| 2 weeks prior to arrival | <ul style="list-style-type: none"> - \$30 fee waived - special dietary options are provided |
| 7-13 days prior to arrival | <ul style="list-style-type: none"> - \$30 fee charged - special dietary options are provided |
| 1-6 days prior to arrival | <ul style="list-style-type: none"> - \$30 fee <u>not</u> charged - guests are responsible for providing food substitutions |

Unfortunately, we do not have the ability to accommodate those who do not prefer certain types of food. However, our menus are designed with variety and nutritional balance to satisfy almost anybody, with several additional options available on our salad bar.

Any special dietary need requiring medical intervention (i.e. insulin or EpiPen) or extremely strict controls (i.e. gluten-free, etc) should be carefully discussed with the Food Service Director to ascertain general procedures and suitable substitute food items.

Please print and fill out a separate form for each individual.

Return forms to Frontier Camp:

by mail:

Frontier Camp
Attention: Kitchen
131 Frontier Camp Road
Grapeland, Texas 75844

by FAX:

(936) 546-0341

by scanning and email:

kitchen@frontiercamp.org

If any questions arise, please do not hesitate to contact:

D. Kate Rudasill
Food Service Director
(936) 544-3206
kitchen@frontiercamp.org

retreats@frontiercamp.org
(936) 544-3206

www.frontiercamp.org

SDRF - Revised Jan 2014

Frontier Camp Special Dietary Request Form



Individual's Name: _____

Phone Number: _____

Parent/Guardian Name: _____

Email Address: _____

Age: (Please circle one) Child (1-12) Teen (13-17) Adult (18 and older)

Group Name: _____

Leader's Name: _____

Food Allergies

Please check all allergies that apply:

Severity and other information:

____ Peanuts / peanut products

____ Shellfish

____ Soy products – please specify

____ Eggs

Please specify if allergy is limited to eating plain eggs or if it includes eggs used as an ingredient in another dish (i.e. baked goods, etc.).

____ Dairy

Please specify if allergy is limited to eating/drinking dairy products or if it includes dairy products as an ingredient in another dish.

____ Oats / grains

____ Tree nuts (almonds, etc.)

____ Corn products – please specify

____ Chocolate / cocoa

____ Other – please specify

Digestive Disorders (i.e. IBS, GERD, etc.) Please specify any restricted foods:

Celiac Disease and Gluten Intolerance – Please specify any special instructions:

Note: Due to the limited availability of gluten-free products near Frontier Camp, please be prepared to bring some meal alternatives to camp with you (i.e. snacks, etc.) or contact Frontier Camp immediately so other arrangements can be made.

Vegetarian – Please specify any special instructions:

Note: At this time, our kitchen is NOT equipped to accommodate requests for VEGAN options. If your diet includes vegan items, please bring food to camp with you for the weekend.

Diabetic – Please specify any special instructions and **circle one:** Type I Type II

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