

DIETARY RESTRICTIONS 2015

Name: _____ Camp Week Dates: _____

Parent/Guardian Name: _____

Phone Number: _____

Food Allergies: *(be specific)*

Special Dietary Needs: *(be specific)*

*This form must be filled out and returned to Camp Good News **10 days prior** to coming to camp.
If not, we cannot guarantee special dietary needs outside our regular menu.*



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