



SPECIAL DIET REQUEST FORM

Echo Grove Camp
1101 Camp Road
Leonard, MI 48367
248/628-3108
248/628-7055 (fax)
www.echogrove.org

If you require a medical/vegetarian diet during your stay, please fill out this Special Diet Request Form.

Please note:

- Your special diet request must be confirmed by Echo Grove.
- A limited number of medical/vegetarian diets can be accommodated during any meal (usually 8 -10 people).
- Many preferences or weight loss menus can be accommodated within the framework of the menus planned during your stay.
- We may not be able to accommodate all special diet requests.
- We will not attempt to accommodate anyone with life threatening allergies due to risk and liability.

GUEST INFORMATION

Name (first/last) _____

If guest is a minor, please include name of parent/guardian _____

Phone _____ Email _____

Event you will be attending _____

Dates of stay _____

DIETARY NEEDS

Medical Diet Vegetarian Diet

For medical diet, check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Gluten Intolerant | <input type="checkbox"/> Egg Allergy |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Shellfish Allergy |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Dairy Allergy |
| <input type="checkbox"/> Low Sodium/Low Fat | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Diabetic | _____ |
| <input type="checkbox"/> Nut Allergy | _____ |

Please use this space to include any other information that you would like us to know about your dietary requirements.
