



Echo Grove Camp  
1101 Camp Road  
Leonard, MI 48367  
(248) 628-3108  
[www.echogrove.org](http://www.echogrove.org)

## Special Diet Request Form

If you require a medical/vegetarian diet during your stay, please fill out this Special Diet Request Form. Please send all completed forms to [jason.chisholm@usc.salvationarmy.org](mailto:jason.chisholm@usc.salvationarmy.org).

Please note:

- Your special diet request must be submitted to Echo Grove four to six weeks before your event and be confirmed by our staff.
- 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.
- PLEASE SEND REQUESTS TO [jason.chisholm@usc.salvationarmy.org](mailto:jason.chisholm@usc.salvationarmy.org)

### 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:

☐ Gluten Intolerant

☐ Egg Allergy

☐ Celiac Disease

☐ Shellfish Allergy

☐ Lactose Intolerant

☐ Dairy Allergy

☐ Low Sodium/Low Fat

☐ Other (please explain) \_\_\_\_\_

☐ Diabetic

\_\_\_\_\_

☐ Nut Allergy

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

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