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## **DIETARY NEEDS REQUEST FORM**

If you are attending a Camp or Event at Calvin Crest Conferences and have a food allergy, dietary need, or food restriction, please complete and return this form two weeks prior to your arrival date. Use additional pages if needed.

PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions including but not limited to: Peanut/Nut Allergies, Vegetarian Diets, Lactose Intolerances, and Gluten Intolerances. Please contact our Kitchen Supervisor for Vegan diets or dietary needs due to a medical condition, such as Celiac Disease. Our Kitchen Supervisor must be notified of your needs no later than two weeks before your arrival in order to make proper adjustments to our menu. Our Kitchen Supervisor, Tim Simms, is available by phone (559) 683-4450 ext. 224 or email <a href="mailto:tim@calvincrest.com">tim@calvincrest.com</a>.

CAMPER/STUDENT/PARTICIPANT NAME	PARENT/GUARDIAN NAME (If under 18 years old)	
PHONE	CAMP/SCHOOL OR GROUP NAME	EVENT DATES
CHECK ONE:  CHILD (0-12YRS)  YOUTH (13-17 YRS)  ADULT (18+ YRS)		
PLEASE LIST IN DETAIL ANY FOOD ALLERGIES AND/OR DIETARY NEEDS DUE TO A MEDICAL CONDITION. PLEAE ALSO LIST ANY NECESSARY PRECAUTIONS THAT SHOULD BE TAKEN:		
PLEASE LIST ANY NON-ALLERGY, NON-MEDICAL FOOD REST	I <b>RICTIONS</b> . PLEASE INDICATE ANY FOOD SUB	SIIIUIES IHAI MAY BE