

# **SPECIAL DIETARY NEEDS REQUEST**

**Camp location name:**

**Camp dates:**

**School Name:**

**Squad Type:**

**Participant Name:**

**Responsible adult name:**

**Responsible adult number:**

**Responsible adult email:**

**List detailed dietary needs:**

**\*\*\*This form should be returned to [mkey@varsity.com](mailto:mkey@varsity.com) no later than 30 days prior to camp\*\*\***