

DIETARY INFORMATION

(To be filled out and returned to First Ascent)

Camper Name: _____

DO YOU EAT: Circle One

Red meat	YES	NO
Poultry	YES	NO
Eggs	YES	NO
Milk	YES	NO
Cheese	YES	NO
Other dairy (such as yogurt)	YES	NO

DO YOU HAVE ANY ALLERGIC REACTION TO THE ABOVE OR ANY OTHER FOODS?

_____. IF YES, PLEASE EXPLAIN:

WHAT ARE SOME OF YOUR FAVORITE FOODS? (NOT INCLUDING DESSERTS!) Remember, this is camp, no steak, grilled salmon, or such will be served. Think spaghetti and pizza!

BREAKFAST
CEREALS:

SANDWICH
CHOICES:

DINNERS: _____

Favorite soft drinks and fruit
juices: _____

(This does not guarantee you will be served these foods during your camp. We just want to get an idea of what this year's campers like to eat and drink.)