

Camp Winnekeag Meal Guarantee Form

Guaranteed meal numbers are due 2 weeks prior to your groups arrival.

Group Name _____
 Retreat Date(s) _____
 Group Leader _____
 Mobile Number _____
 Email _____



Date	Day	Check	Meal(s)	Requested Time	Ages 10+	Ages 3-9
		<input type="checkbox"/>	Breakfast			
		<input type="checkbox"/>	Brunch			
		<input type="checkbox"/>	Lunch			
		<input type="checkbox"/>	Supper			
		<input type="checkbox"/>	Banquet			
		<input type="checkbox"/>	Brown Bag			
		<input type="checkbox"/>	Breakfast			
		<input type="checkbox"/>	Brunch			
		<input type="checkbox"/>	Lunch			
		<input type="checkbox"/>	Supper			
		<input type="checkbox"/>	Banquet			
		<input type="checkbox"/>	Brown Bag			
		<input type="checkbox"/>	Breakfast			
		<input type="checkbox"/>	Brunch			
		<input type="checkbox"/>	Lunch			
		<input type="checkbox"/>	Supper			
		<input type="checkbox"/>	Banquet			
		<input type="checkbox"/>	Brown Bag			
		<input type="checkbox"/>	Breakfast			
		<input type="checkbox"/>	Brunch			
		<input type="checkbox"/>	Lunch			
		<input type="checkbox"/>	Supper			
		<input type="checkbox"/>	Banquet			
		<input type="checkbox"/>	Brown Bag			
		<input type="checkbox"/>	Breakfast			
		<input type="checkbox"/>	Brunch			
		<input type="checkbox"/>	Lunch			
		<input type="checkbox"/>	Supper			
		<input type="checkbox"/>	Banquet			
		<input type="checkbox"/>	Brown Bag			

Accommodations for food allergies/dietary restrictions not indicated on this form cannot be guaranteed.

Indicate the **number** of individuals that have the following dietary restrictions. Specify "other".

Type of Restriction	Number	
Allergies	Gluten	
	Soy	
	Eggs	
	Dairy	
	Peanut	
	Tree Nuts	
	Other _____	
	Other _____	
Dietary	Vegan- Milk & Dairy Free	

Check if the group has any ethnic menu preference(s). Specify "other".

Check	Preference
<input type="checkbox"/>	American
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Ghanian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	None