



All Saints Camp of the UOC of USA

110 All Saints Rd.
Emlenton, PA
16373

Camper and Staff Member Dietary Restrictions Form

Instructions: Please Return Completed form to Michele Pepmeyer by June 1.

Thank you!

Encampment Name:

Camper / Staff Member Name:

Attach picture
of camper

Please list the food allergy or dietary restriction:

Please list suggested/possible foods you use concerning the above restrictions:

Staff Member/Camper Parent Signature _____ Date: _____

Nurse/Contact: ___Sarah Gold __724-777-1496_____