



# All Saints Camp of the UOC of USA

110 All Saints Rd.  
Emlenton, PA  
16373

## Camper and Staff Member Dietary Restrictions Form

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Instructions: Please Return Completed form to Katie Nath by May 15.

*Thank you!*

**Encampment Name:**

Attach picture  
of camper

**Camper / Staff Member Name:**

**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\_\_\_\_\_