

Dietary & Food Allergy Form

J. E. Mack Scout Reservation

Scouts Name: _____

Pack Number: _____

Session Attending: _____

Dietary Needs: _____

Food Allergies: _____

Parents Signature: _____

Phone Number: _____

PLEASE return this form with your registration form so we can ensure that we can fulfill your needs once you come to camp.

Thank you in advance for your help!!

Camp Mack Staff

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