

## CAMP KEEP KITCHEN LIST

Please return this list to KEEP no later than the Monday before your visit. Last minute accomodation of special diets cannot be guaranteed.

School: \_\_\_\_\_  
 School Phone: \_\_\_\_\_  
 KEEP Date: \_\_\_\_\_

### Teacher Food Allergies (Include vegetarian & diabetes):

	Name:	Need:	Phone number: (KEEP Cook will contact if needed)
1			
2			
3			
4			
5			

### Counselor & Shadow Food Allergies (Include vegetarian & diabetes):

	Name:	Need:	Phone number: (KEEP Cook will contact if needed)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

### Student Food Allergies (Include vegetarian & diabetes):

	Name:	Need:	Parent name & number: (KEEP Cook will contact if needed)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

### Birthdays at KEEP:

	Name:	Date:
1		
2		
3		
4		
5		

