This page should be returned to Camp Clayton
2 WEEKS before your camp.

Fax 6425 1676
Phone 6425 1893
PO BOX 3184, ULVERSTONE, TAS 7315

SPECIAL DIETS CHART

Name of Group: _____

Contact Person:_____ Arrival Date:_____ Departure Date: _____

Please indicate special diet requirements including vegetarians, diabetics, allergic reactions. Where possible indicate any alternative foods (eg for vegetarians, if any meat or dairy can be eaten). Please indicate individual phone numbers in case the Kitchen needs to directly contact the person before camp.

Please note that all reasonable care will be taken to provide suitable options based on the information provided above, however we advise that Camp Clayton does not have specialist Dietitian expertise and cannot be held responsible for dietary problems beyond the information given.

Name	Indicate Diet Request	Please indicate: Mild / Serious / Fatal	Contact Phone No. before camp

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