



Special Diet Request

This form must be submitted to Camp Monte Stella 10 days prior to your stay at camp.

CAMPER NAME: _____

PARENT NAME: _____

PARENT TELEPHONE NUMBER: _____

FOOD ALLERGY: _____

Specify: _____

MEAL REQUEST: Select all that apply

Vegetarian Vegan Gluten-Free Dairy-Free

Specify: _____

Due to the complexity of various dietary issues or needs, we may not be able to fully accommodate a special need or request. Please feel free to contact us at campmontestella@gmail.com to discuss your particular need or request.