Lake St. George Kitchen Information Sheet

Please fax the completed form to 905-773-0225 no later than one week prior to your visit.

School/Group name: _____ Arrival date: _____ Departure date: _____

Dormitory: Bond House/Snively House (*circle one*) Shift: Early/Mid/Late (*circle one*) No. of participants: _____ Age/Grade: _____

Teacher(s)/Leader(s): _____ Phone no.: _____ No. of tables to be set (*staff use*): _____

Please only complete for participants with special dietary needs. Place a checkmark in the table below to indicate food items that cannot be consumed.

Name	EpiPen Y/N	Nut	Beef	Pork	Turkey	Chicken	Fish	Dairy	Dairy as ingredient	Milk	Milk as ingredient	Cheese	Egg	Egg as ingredient	Requires Halal Y/N	Gluten	Soya	Other (specify)
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Please note that Lake St. George Field Centre promotes nut-free, litterless snacks. We thank you for your cooperation!

Birthday(s) this week:

Name:	**Date:**
Name:	**Date:**