

2020 CAMP ICAGHOWAN

MEAL SERVICE REGISTRATION FORM

Please submit this form as soon as possible if you are interested in meal service.

Meal Plan will include:
 Day 1: Dinner
 Day 2: Lunch and Dinner
 Day 3: Lunch

Pricing
 13 and up: \$50
 8-12: \$32
 4-7: \$20

For all meal plans there is no charge for children three years of age and younger.



Payment for meal service is due one week before your visit to camp. Please indicate your method of payment on the bottom of the form. Fees must be paid prior to attending camp. A credit card number must be submitted with this form if checking the payment one month before camp option. **There are no refunds on paid food service within three days of your visit to camp.**

Please return this completed form as soon as possible to: YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402

If you have any questions, please contact the YMCA Customer Service Center at 612-822-2267.

Separate forms required for each family or individuals at different addresses.

Please fill out one form per address and return to the camp office as soon as possible due to limited space.

Family Name: _____

Cabin/Site: _____ Dates: _____

Address: _____

Does anyone in your group have any food allergies or dietary needs/concerns? Yes No If 'yes' you are required to fill out a reverse side.

Full Name of Camper:	Age at time of camp:	Meal Plan Option: (D/B/L/D or None)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any dietary needs or restrictions please complete the Special Dietary Needs Form.

METHOD OF PAYMENT:

- Please charge the following credit card now for the full payment.
- Please charge the following credit card 50% now and 50% one week prior to my visit to camp.
- Check enclosed Please initial: _____
- Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on card: _____

Signature: _____

There are no refunds on paid food service within three days of your visit to camp.

CAMP ICAGHOWAN

Special Dietary Needs Form

Please fill out one form per family member who has special dietary needs.

Name _____ Group/Family Name _____

Dates at Camp _____ Cabin/Yurt _____

I am:

Vegan (no animal products, honey, butter, etc.)

Ovo-lacto vegetarian (I eat eggs & dairy)

Pescetarian (no meat other than fish and shellfish)

Gluten-free Dairy-free

I don't eat: (check all that apply)

Pork

Red meat

Chicken

Fish

I am allergic to: (check all that apply)

Milk

severe reaction

mild reaction

Peanuts

severe reaction

mild reaction

Tree Nuts

severe reaction

mild reaction

Fruit: _____

severe reaction

mild reaction

Gluten

severe reaction

mild reaction

Eggs

severe reaction

mild reaction

Other: _____

severe reaction

mild reaction

We are able to accommodate most dietary needs with advance notice, however, we cannot guarantee that special request meals (vegan, gluten-free, etc.) will be free of cross-contamination.