

2021 CAMP NORTHERN LIGHTS MEAL SERVICE REGISTRATION FORM

Please submit this form as soon as possible if you are interested in food service. Lunch and Dinner will be delivered directly to your site from the Camp Northern Lights Orion Kitchen. A variety of healthy and fresh options will be included in each meal.

- Lunches will be packed and ready for you to take along on your outdoor family adventures each day. We know kids can be a bit picky at times, so we've included a "Simple" lunch option which will include items like simple turkey sandwiches, good ol' PB & J, cheese and crackers – all of which will include fresh fruits and veggies. "Regular" lunches will include more creative and flavorful options.
- Dinners will be delivered to your cabin or site and will include hot, delicious main dishes and sides, freshly baked bread, salad and dessert.

Our kitchen team is happy to accommodate any dietary needs and restrictions.

This meal plan begins with Lunch on your first full day and ends with dinner on your last full day.

| LUNCH | 5 day | 2 day |
|-------------------------------|-------|-------|
| Regular | \$57 | \$23 |
| Simple (picky eater approved) | \$41 | \$17 |

| DINNER | 5 day | 2 day |
|--------------|-------|-------|
| 13+ | \$86 | \$35 |
| 12 and under | \$60 | \$24 |

Payment for meal service is due three weeks 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 three weeks before camp option.

Please return this completed form as soon as possible to: campnorthernlights.info@ymcanorth.org

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 | Dietary Needs & Restrictions | Age (at time of camp) | Meal Plan Option |
|---------------------|------------------------------|-----------------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
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| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |
| _____ | _____ | _____ | <input type="checkbox"/> Simple Lunch <input type="checkbox"/> Regular Lunch <input type="checkbox"/> Dinner |

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 month prior to my visit to camp.
- Check enclosed Please initial: _____
- Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name on card: _____

Signature: _____

CAMP NORTHERN LIGHTS

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/Site _____

I am signed up for: lunch dinner

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)

| | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Milk | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Fruit: _____ | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> severe reaction | <input type="checkbox"/> mild reaction |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> severe reaction | <input type="checkbox"/> 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.