



CATERING REQUIREMENTS 2018

THIS FORM NEEDS TO BE FILLED OUT BY THE CAMP LEADER AND RETURNED TO GOLDFIELDS CAMP SCHOOL **TWO WEEKS** PRIOR TO ARRIVAL.

Breakfast 7:30am Dinner 5:30pm
Time changes only after discussion with Camp Manager

Group Name:

Date of Camp:

Numbers:

Children:

Adults:

Total:

Please tick meals required:

	SAT	SUN	MON	TUES	WED	THURS	FRI
Breakfast							
Lunch							
Dinner							
Supper							

(Letter 'a' for a tick)

Are there any students celebrating a birthday during their time at Goldfields Camp School?

Name	Date	Age

Group would like a packed breakfast on:

(Departure Date only)

Group would like a packed lunch on:

(Departure Date only)

Insert the names of campers with dietary requirements, allergies and food intolerances only. (No fussy eaters please)

Vegetarian	Vegan	Halal	Eggs	Dairy	Peanuts	Other Nuts	Sesame Seed	Gluten	Other



PLEASE TICK BOX IF NO FOOD ALLERGIES IN YOUR GROUP
(Letter 'a' for a tick)

SIGNATURE OF CAMP LEADER _____

(Return email indicates your signature)