In order for us to provide the best service for you, please enter your information below. If you have more than 1 request per team, please submit all requests on the same form with the Coach/Sponsor listed as the contact. If you have additional information that is not indicated by the fields below, please enter it in the Notes section below. Please email completed form to mkey@varsity.com no later than 30 days prior to camp.

Please ask to speak to a chef or manager upon arrival at a quick service or table service restaurant.
Hotel/Resort Name:
Location:
Date of Visit:

| Guests with Allergies: | 8. |
| :--- | :--- |
| 1. | 9. |
| 2. | 10. |
| 3. | 11. |
| 4. | 12. |
| 5. | 13. |
| 6. | 14. |
| 7. | 15. |

Indicate food allergy below by matching number from above with number below to indicate allergy
(Click all that apply):

|  | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Eggs | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Milk/Casein | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Peanut | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fish | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |  |
| Shellfish | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Soy | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Tree Nuts | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |  |
| Wheat | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |  |
| Other Allergy | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

Indicate food intolerance/preference below by matching number above with number below to indicate allergy
(Click all that apply):

|  | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Gluten | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| PKU | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Diabe | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Vegan | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Vegetarian | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Pescatarian | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Celiac's |  |  | $\square$ | $\square$ | $\square$ |  |  |  |  |  |  |  |  |  |  |

Additional Notes (Please indicate any other preference or allergy):

[^0]
[^0]:    Please note: The dietary request noted above will be communicated to the camp host and reasonable efforts will be made to honor the request. However, it is ultimately always up to the Guest to use his or her individual discretion to make an informed choice regarding whether to order any particular items, since Varsity Spirit cannot guarantee that allergens may not have been introduced during another stage of the food chain process, including manufacturing, or even inadvertently, by our camp host location.

