



Schools Camp Catering Requirements / Occupancy Form

Please return completed Form to Camp Wyuna 10 days prior to your camp.
 E-mail: campwyuna@ymca.org.au Mail: PO Box 200 Queenscliff 3225

Group: _____ Group Leader: _____

Telephone: _____ Camp Dates: ___/___/___ - ___/___/___

Contact mobile phone number while on camp: _____

Meals	Breakfast		Morning Tea	Lunch		Afternoon Tea	Dinner	
	Adults	Students	Total for M/Tea	Adults	Students	Total for A/Tea	Adults	Students
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Please complete the attached Dietary Requirements form

Beds	Mon Night	Tue Night	Wed Night	Thur Night	Fri Night
Students					
Adults					

Your invoice will be prepared from the above numbers as a minimum, so please contact Camp Wyuna on **(03) 5258 1656** if there are any changes to the above information.

Signed by Camp Leader: _____ Date: _____





Special Dietary Requirements Form

School Name: _____ Camp Dates: ____/____/____ to ____/____/____

Food Allergies:

Name	ALLERGY – Please be specific (eg: cannot eat whole eggs but can eat eggs in cake)	Adult or Student	Carries an Epi Pen?

Dietary Requirements:

Full Name	Requirement (eg: Vegetarian, Vegan, Celiac, No red meat, Halal)	Adult or Student

***Please provide copy of ASCIA Action Plan for any anaphylactic guests.**

