



School Camps Catering / 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 also complete the attached Special 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 Intolerance / Allergies:

Full Name	INTOLERANCE / ALLERGY Please be specific (eg: 'cannot eat whole eggs but can eat eggs in cake' or 'can eat baked goods but not drink whole milk')	Adult or Student	Carries an Epipen?*

Dietary Request:

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

*Please supply copies of ASCIA action plans for all guests who carry Epipens.