



Special Dietary Requests

PLEASE SUBMIT 2 WEEKS PRIOR TO YOUR RETREAT

Group Name _____ (please circle one)

Arrival Date _____ **First Meal** **B** **L** **D**

Depart Date _____ **Last Meal** **B** **L** **D**

Guest Name **Special Need(s)** **Notes**
Please note if you are not staying for the entire retreat

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Please list each guest’s special dietary needs. Multiple guests of the same group can be on the same form. If guests are not attending your entire retreat, please note which meals they will be having.

- **Diabetics:** Please let us know if you are a Diabetic I or II. Then please fill out the Special Needs section accordingly.
- **Vegetarians:** Please be sure to let us know if you will eat chicken, fish, or dairy.

Please email, mail, or fax this form to us at least 2 weeks before your arrival.

Highlands Camp & Retreat Center
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