

TROOP MEAL CHART

Check here if you have any dietary restrictions, allergies or other needs and list them on the back of this form. Be sure to give brand names of foods, etc. that can be eaten or substituted.

Contact Person _____ Phone _____ Troop _____ Week In Camp _____

Campsite _____

Date chart is sent in _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
B R E A K F A S T							
L U N C H							
D I N N E R							

If your Troop is choosing to purchase extra premium meals at \$3.00 per camper, \$8.00 per guest, per meal, please circle all of the premium dinners chosen.

Please indicate your desired pick-up times on this sheet.

1 Morning Pickup _____ 1 Afternoon Pickup _____ 2 Daily Pickups _____ All canned goods on Sunday _____

Do you cook and clean as a **TROOP** or **PATROL**? Circle one!

Please indicate number of expected guests _____ and what day of the week _____

All guest meals are in addition to the registered campers meal price.

PATROLS	NUMBER OF SCOUTS IN EACH PATROL	NUMBER OF ADULTS
1		
2		
3		
4		
5		
6		
7		
8		