

Lake Geneva Christian Center Diet Modification Form

To accommodate a diet prescribed by a physician, we kindly ask that you fill out this form and return it with your registration form or directly to the camp at least one month prior to attendance. Last minute requests cannot be guaranteed.

LGCC - 605 Birch Ave, Alexandria, MN 56308; Fax 320-762-2862

Guest's Name _____

Church Name & City _____

Jr Teen 1 - July 10-14 | Jr Teen 2 – July 17-21 | Sr Teen 1 – July 24-28 | Sr Teen 2 – July 31-Aug 4

Guests with Special Diets

Please indicate specific type of diet modifications needed, foods to be omitted or substituted, medical reason for diet modification (Diets not prescribed by a physician are individual's responsibility):

Guests with Allergies

Please indicate type of allergy:
(LGCC cannot guarantee a 100% allergy free environment.)

To be completed by parent/guardian for Minors

I hereby request that my child, _____, DOB _____
(Name of Child) (Date of Birth)

receive a modified diet as prescribed by his/her physician, _____
(Name of Physician)

Signature of Parent/Guardian _____ Date _____

NOTES: