



Medical Diet Request Form

To be completed by the Guest, not group coordinator

We are excited that you are coming! We are able to accommodate most medical dietary needs when given prior notification.

- Tilikum prepares family-style meals rather than individual plates.
- We will make you an individual meal with the specifications listed below to the best of our abilities. Menu is chef's choice based on seasonal availability.
- **Tilikum charges an additional \$1 per meal per person for medical diet requests due to higher costs.**
- We are not a dedicated facility and process all types of foods in the same kitchen, including scratch-made breads daily.
- If you bring foods, you may keep these items in our guest mini-refrigerator or bring your own ice chest and we'll supply you with ice. There is a guest microwave and toaster oven in the dining room.
- All guests assume personal responsibility for their dietary needs and communication of those needs. Please ask the Guest Host serving you if there are any ingredients that are unsafe for you before eating your meal.

Please return this form to your Group Coordinator 2 weeks before arrival. Please pay your group coordinator.

Guest Name: _____

Group Name: _____

Guest Phone: _____ Guest Email: _____

Arriving Date: _____ Breakfast Lunch Dinner

Departing Date: _____ Breakfast Lunch Dinner

It is important for us to know what you are able to eat and enjoy eating with your restrictions.

Vegan, **Vegetarian**, **Pescatarian** (eat fish, no other meat), **but** I do eat: Dairy Eggs or items that contain these cooked ingredients: _____

Gluten free, **but** I do eat: _____

Dairy Free, **but** do eat: items cooked with butter milk _____

No Sugar, **but** I do eat: Honey Coconut Sugar Real Maple Syrup _____

No Peanuts No Tree Nuts No Pork No Beef No Eggs No Soy
 No Shellfish Paleo Diet Other/Comments (please note if you may have a reaction from the dust of the allergen in the air): _____



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