

G.R.E.A.T. Camp Experience at MCYC

Group Detail Form

Group Name:	Dates Attending:	
Group Contact:	Phone Number:	
Contact Email Address:	# of Kids:	# of Adults:

Please fill out the following information, so that our food service staff can best accommodate any dietary needs your group may have. **This information is needed at least 12 days prior to your visit to MCYC.**
 Please email or send this form to programs@mcyc.org. You may also fax it to 810.272.4390. Thanks!

Dietary Concerns/Restrictions:

Please use this space to tell us of any campers needing special arrangements. Filling this in now will help us provide a great menu for each camper.

<u>Allergy/Restrictions</u>	<u># of campers</u>	<u>Please note any specific details here</u>
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Vegetarians

Peanut Allergies

Gluten Free

Other:

Other:

If you or a parent would like to speak directly with the Food Service Director, please call the camp at 810.664.8040.

Will you allow your campers to drink coffee and hot tea while at camp? **YES NO**

Would you like the camp store open during your visit? **YES NO** The store is always open on Saturdays from 2:30 – 5 p.m.

Would you like a different time? What time would be good for you?

Group Leader Signature

Date