

## Camp Howqua Catering

School Name:	
Co-coordinator Name:	
Arrival Date:	First meal: (Please circle) Breakfast/Lunch/Dinner
Departure Date:	Last meal: (Please circle) Breakfast/Lunch/Dinner
Catering Extra (add	itional cost) Afternoon Teas: Yes/No (please circle)
Total Numbers: Adults	Students
vegetarians). If an allergy is fo	se that have specific allergies or dietary requirements (including r a raw food (eg egg) but not for its cooked equivalent please also ded for these people to their specific needs.
Name-Staff/Student	Dietary Requirement