

# Log Cabin Camp Pty Ltd

## CATERING FORM

Please complete this form and return 10 days prior to your camp.  
Fax to 03 5345 2789 or email to [admin@logcabincamp.com.au](mailto:admin@logcabincamp.com.au)

NAME OF GROUP: \_\_\_\_\_

GROUP LEADER: \_\_\_\_\_

SPECIAL DIETS COORDINATOR: \_\_\_\_\_

DATES OF CAMP: From \_\_\_\_\_ to \_\_\_\_\_

NUMBER OF STUDENT CAMPERS: \_\_\_\_\_ AGE RANGE : \_\_\_\_\_

NUMBER OF TEACHERS / ADULTS: \_\_\_\_\_ or Year Level : \_\_\_\_\_

Please tick your required meals and fill in times:

Each group must appoint a Special diets Coordinator from within your staff team, who will take responsibility whilst on camp for:

- Introducing campers with special dietary needs to kitchen staff.
- Liaising with kitchen staff regarding campers with special dietary needs.
- Ensuring that each camper with special dietary needs receives the food especially prepared for them, by being present at each meal including morning & afternoon teas & supper.

### MONDAY

- Breakfast @ \_\_\_\_\_ am
- Morning Tea @ \_\_\_\_\_ am
- Lunch @ \_\_\_\_\_ pm
- Afternoon Tea @ \_\_\_\_\_ pm
- Dinner @ \_\_\_\_\_ pm
- Supper @ \_\_\_\_\_ pm

### TUESDAY

- Breakfast @ \_\_\_\_\_ am
- Morning Tea @ \_\_\_\_\_ am
- Lunch @ \_\_\_\_\_ pm
- Afternoon Tea @ \_\_\_\_\_ pm
- Dinner @ \_\_\_\_\_ pm
- Supper @ \_\_\_\_\_ pm

### WEDNESDAY

- Breakfast @ \_\_\_\_\_ am
- Morning Tea @ \_\_\_\_\_ am
- Lunch @ \_\_\_\_\_ pm
- Afternoon Tea @ \_\_\_\_\_ pm
- Dinner @ \_\_\_\_\_ pm
- Supper @ \_\_\_\_\_ pm

### THURSDAY

- Breakfast @ \_\_\_\_\_ am
- Morning Tea @ \_\_\_\_\_ am
- Lunch @ \_\_\_\_\_ pm
- Afternoon Tea @ \_\_\_\_\_ pm
- Dinner @ \_\_\_\_\_ pm
- Supper @ \_\_\_\_\_ pm

### FRIDAY

- Breakfast @ \_\_\_\_\_ am
- Morning Tea @ \_\_\_\_\_ am
- Lunch @ \_\_\_\_\_ pm
- Afternoon Tea @ \_\_\_\_\_ pm
- Dinner @ \_\_\_\_\_ pm
- Supper @ \_\_\_\_\_ pm

Usual meal times are:

Breakfast 8 am  
Lunch 12:30/1 pm  
Dinner 6 pm

However these times can be changed to suit your program.

### **Please note:**

Packed lunches are available on request. **Specify no. of pages of Special Diets** \_\_\_\_\_

- Please tick if you require Billy Tea and Damper as part of your program**  
(usually taken in place of morning tea, afternoon tea or Supper.)

**Please specify day and time:** \_\_\_\_\_

Duty Groups for setting/ clearing and cleaning tables are required at each meal. Groups should arrive 15 minutes prior to meal times accompanied by an adult leader to supervise.

# Log Cabin Camp Pty Ltd

## SPECIAL DIETS FORM

**Name of Group:** \_\_\_\_\_

Please:

- describe the special diets required. Use extra copies if necessary.
- indicate if allergy is life-threatening or not and if camper carries an EpiPen.
- indicate if campers with nut allergies **can't** have cereals with "may contain nuts".
- provide name and phone number of a parent/guardian for the catering supervisor to call if there are any queries in relation to the special diet.

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**Name of camper:** \_\_\_\_\_

Food Allergy/special diet:  Non-Life threatening or  Life threatening.  EpiPen

\_\_\_\_\_

Food preferences/suggestions for complicated allergies/diets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

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**Name of camper:** \_\_\_\_\_

Food Allergy/special diet:  Non-Life threatening or  Life threatening.  EpiPen

\_\_\_\_\_

Food preferences/suggestions for complicated allergies/diets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

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**Name of camper:** \_\_\_\_\_

Food Allergy/special diet:  Non-Life threatening or  Life threatening.  EpiPen

\_\_\_\_\_

Food preferences/suggestions for complicated allergies/diets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_