

Camp Until A Cure

Diabetes Youth Foundation Camp - Noblesville, Indiana

MEAL & SNACK PLANNING

DYF of Indiana

DYF of Indiana

NAME	_____	<input type="checkbox"/> 1 st week session <input type="checkbox"/> 2 nd week session <input type="checkbox"/> 3 rd week session <input type="checkbox"/> Day Camp 06/14-06/18 <input type="checkbox"/> Day Camp 06/21-06/25
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Please complete the information below with the HOME meal plan.

We will try to match your home meal/snack plan as closely as possible at camp.

MEAL or SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	BEDTIME SNACK
GRAMS OF CARBOHYDRATES						

Please list all food allergies

My camper should drink milk at: (Please Check those that apply.) Breakfast Lunch Dinner

List up to 3 foods that your camper doesn't like:

1 _____

2 _____

3 _____

Please give us any other meal/food information you think we should have: _____

****PLEASE choose a MEAL PLAN NUMBER from the meal plan list and insert here _____**

****PLEASE choose a SNACK PLAN NUMBER from the meal plan list and insert here _____**

MEAL PLAN NUMBER CAN BE CHANGED AT CAMP REGISTRATION AT DIETICIAN TABLE

MAIL OR FAX IF PRINTING FORM FROM WEBSITE			
Mail or FAX to:	DYFI Camp 817 S. Tibbs Ave. Indianapolis, Indiana 46241 FAX: 317/243-4488	For questions: Please contact Dave Dozier	Phone: 317/224-0190 or E-mail: ddozier@tkoi.com