

CATERING FORM



**Roonka Water
Activity Centre**

Please complete and return to info@roonka.org.au no less than 30 days prior to camp.

Group Name _____ Date of camp _____

Accommodation (building/camping) _____ Year Level (if applicable) _____

Contact _____ # of youth _____ # of adults _____

We DO NOT require catering for # youth _____ # adults _____

We DO require catering for: # full time youth _____ + # adults _____
(advise if FT or FT equivalents)

part time youth _____ + # adults _____
(please ensure names of these persons are on the "Names Groups List"
with the day and exact times of arrival & departure listed).

All persons arriving onsite for day visits or short stays during the camp will be charged for meals consumed. It is essential that you provide their details (full name, arrival and departure day and time) in advance so they may be catered for. Please indicate part time catering as above.

All non-attendees catered for will be charged the quoted rate.

All guests are required to do their own dishes and supply their own tea towels and detergent.

Dietary requirements are also catered for, i.e. nut allergies, gluten free, vegetarian, Kosher and Halal. Please provide dietary requirements on page 2 in detail. If any allergies are listed, you MUST attach a completed parents catering form, which includes the child's name, parents name, and contact details.

To the best of my knowledge, the detail of any dietary food requirements for my group is listed on page 2 and is full and accurate. Special dietary requirements may incur additional charges. Additional guests/visitors/drivers on camp will be charged for all meals consumed. \$10 surcharge applies for each person listed with special catering needs (i.e. vegans, vegetarians, halal, gluten, lactose intolerances, no red meat)

PLEASE NOTE: ANAPHYLACTIC DAIRY & EGG ALLERGIES & COELIACS may not be catered for. Please email info@roonka.org.au with the youth's name and parent's details if this concerns a child that will be attendance so that our caterer can make contact to discuss.

Full Name	Adult or Youth	Food Issue	Anaphylactic (epipen) or sensitive	Action plan attached (essential)
X	Sign here if there are no dietary requirements for this camp			

Group Leader's Name _____ Signature _____ Date _____

Office use only: Provided to caterer on _____ By _____