

GROUP CATERING FORM



This form is to be completed by the group organiser.

Please complete both pages, sign page 2, and return to info@roonka.org.au no less than 30 days prior to camp.

Group Name _____ Date of camp _____

Contact _____ # of Youth _____ # of Adults _____

Building(s) _____ Year Level(s) _____

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

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

We **DO NOT** require catering for # youth _____ # adults _____
(e.g. if a participant is attending camp, but bringing their own food from home)

Most dietary requirements CAN be catered for (e.g. nut allergies, gluten free, vegetarian, Kosher, Halal, and others). Please provide dietary requirements on page 2 in detail. If any allergies are listed, you **MUST** attach a completed **individual catering requirements form**, which includes the child's name, parent / caregiver's name, and contact details.

Special dietary requirements may incur additional charges. \$12 surcharge (\$6 per night) applies for each person listed with special catering needs (i.e. vegans, vegetarians, halal, gluten, dairy intolerances). Non-attendees catered for will be charged at the quoted rate.

***ANAPHYLACTIC DAIRY OR WHEAT ALLERGIES CANNOT BE CATERED FOR.** If this affects a child in your group, please email info@roonka.org.au with the child's name, parent / caregiver's details, and any other relevant details, so that our caterer can make contact to discuss.

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 above, and include their details in the 'Part Time Attendees' table on page 2.

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

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

DIETARY REQUIREMENTS

Full Name	Adult or Youth	Food Issue	Anaphylactic (epipen) or sensitive	Action plan attached (essential)

PART TIME ATTENDEES

Full Name	Adult or Youth	Arrival and Departure Dates / Times	Full Name	Adult or Youth	Arrival and Departure Dates / Times

To the best of my knowledge, the detail of any dietary food requirements for my group is full and accurate

OR

To the best of my knowledge, there are no dietary requirements for my group

Group Leader's Name _____ Signature _____ Date _____

Office use only: Provided to caterer on _____ By _____