

JAMBOREE DIVISION

SPECIAL FOOD SERVICE

PARTICIPANT KOSHER MENU REQUEST

Subcamp _____ Jamboree troop no. _____ Region _____

We are requesting this kosher menu for the following contingent Scouts and leaders:

Contact: _____
Name of Scoutmaster or representative Phone no.

(PLEASE PRINT)

Questions regarding kosher meals can be directed to the Kosher Meals Manager.

(OFFICE USE ONLY)

Meal	July 25	July 26–Aug. 2 (9 days)	August 3	Total
Breakfast	(no meal)		(no meal)	
Lunch			(no meal)	
Dinner				

Please return by February 15, 2005 to:

**Boy Scouts of America
Jamboree Division, S203
Food Service Group
P.O. Box 152079
Irving, TX 75015-2079**