

Catering numbers

*Please email or fax to your APOS Camp Coordinator by the Wednesday one week prior to your camp.*

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| --- | --- | --- | --- | --- |
| **Person completing this form** |  |  | **Contact phone** |  |
|  |  |  |
| **School/Site** |  |  | **Camp dates** |  |
|  |  |  |
| **Student meals**  Total student numbers are: (Remember students do not bring any food to camp.) |  | **Day program student meals** Extra meals required for day program students.\* (eg *2 extra lunches on Thursday only*) |
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| Adult meals Your adult numbers may vary from day to day due to teaching and supervision requirements.  Please complete the table indicating the total number of adult meals required for your camp. |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast | ……………… | ……………… | ……………… | ……………… | ……………… |
| Lunch | ……………… | ……………… | ……………… | ……………… | ……………… |
| Dinner | ……………… | ……………… | ……………… | ……………… | ……………… |
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| **Special diets / food allergies (students and adults)** eg *Tran Bou (diabetic portion diet), Tom Barton (nut allergy)*Parents of students with special diets should clarify requirements with the Arbury Park Catering Manager 8339 3237. A separate *Individual Dietary Requirements form* is available if required. <https://arburypark.sa.edu.au/about-us/catering/> |
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| **Student birthdays** eg *Tess Bantic (Tuesday 17th)* |
| ……………………………………………………………………………………………………………………………………………………………………..……………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………….…………………………… |
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\* Day program students include small groups of students who for cultural or medical reasons cannot attend overnight.

The number of day program students during your program needs to be negotiated with your Arbury Park Camp Coordinator. All visitors must report to the main office on arrival at the school.

Arbury Park Road, Bridgewater SA 5155

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