



2011 Adirondack Experience

Dietary and Nutritional Information

Student's Name: _____

I am able to consume the following without fear of allergic reactions or personal guilt, etc.

Please check:

Vegetables	fruit	grains
Dairy products	tofu	beef products
Pork products	fish	shell fish
Nuts	eggs	whole wheat bread

Please indicate any food/beverage allergies that you might have, as well as foods that you prefer to avoid below:

Date: _____

Please return via fax: (518) 327-6545;
or email: kdomas@paulsmiths.edu or mail:

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