



**UNIVERSITY OF KANSAS
OUTDOOR PURSUITS PROGRAM – CANOE KU
EQUIPMENT AND DIETARY NEEDS FORM**

<PLEASE PRINT OUT, COMPLETE APPROPRIATE INFO, AND SEND BACK PROMPTLY>

DIETARY CONCERNS

Please indicate ANY dietary restrictions or concerns you have in the space below. Be as specific as you can, especially regarding any foods you might be allergic to. We will do our best to accommodate your concerns or restrictions.

Participant (print full name): _____
