

**ALLERGY FORM // SPECIAL DIET NEEDS**

Name of Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
*(You only need to fill out this form if you have special diet needs or allergies)*

Please list food allergies AND what reaction, as well as how dangerous it is if you are exposed to them:

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Are you a Vegetarian? \_\_\_\_\_

Do you eat Dairy foods \_\_\_\_\_ Do you eat Chicken or Fish? \_\_\_\_\_

Other Special Diet Restrictions:

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Special instructions to the cook:

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