SPECIAL OR MEDICAL DIETS

Please EMAIL or FAX this form no later than 2 WEEKS prior to arrival at the venue.



Email:

elanora@unitingvenues.org

Arrival Date:

Wednesday 24 Oct 2018

Fax:

02 9913 7169

Form Due on:

Wednesday 10 Oct 2018

Dear Guest,

Thank you for choosing to stay with Uniting Venues.

You will be attending an event at our venue commencing Wednesday 24 Oct 2018 If you have any special/medical dietary requirements please complete the "Special or Medical Diets" form giving as much detail as possible.

For extremely restrictive diets please provide a list of foods you can eat. If you have a life threatening food allergy please complete and return this form to the group organiser. Please contact the venue directly to discuss your specific needs.

To ensure that we can cater for your diet it it essential that your form is returned to your group organiser by Wednesday 10 Oct 2018

We look forward to your stay with us.

Regards

Uniting Venues Team

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Group Name: Simes Coaches	Folio: 52582 Guest Phone:		
Guest Name:			
(Please provide the best day time phone number in case we need to contact you about your dietary needs) Will you be attending the entire event? YES / NO If not, please indicate which meals you will require each day? Dietary Requirements Severe and life threatening allergies Do you have an anaphylactic reaction to any food YES / NO If you have an anaphylactic reaction please list each food type			
		Do you carry an epipen?	YES / NO
		Special Diets	
		Please circle all that apply to you	
Dairy Free dairy is ok in cooked foods Lactose Free lactose is ok in cooked foods Nut Free no peanuts no coconut no tree nuts no sesame Vegetarian will eat fish & seafood will eat chicken will eat milk & dairy products will eat eggs Vegan Other (please specify)	Gluten Free Egg Free egg is ok in cooked foods No Red Meat No Pork No Seafood No Shellfish Diabetic Low Salicylates No Preservatives (please provide numbers) No Colouring (please provide numbers)		
Can you have foods with the warning "ma OR 'Manufactured on equipment that also pro			
Name Signature	Date		