## Lutherlyn Food Service Information

Group	Name:	Scheduled Dates:
Please	e complete this form and return with y	our contract. The information gathered will aid the
kitche	en staff in preparing meals.	
1.	Does anyone have a food allergy / intolerance?	
	(Please list parents' name in addition	if participant is under the age of 18)
	Name:	Contact number:
	Concerns:	
	Name:	Contact number:
	Concerns:	
	Name:	Contact number:
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	If more space is needed please list on back side of this form	
2.	Does this group need a specific menu for health or religious reasons?  Please explain:	
3.	Do you have any vegetarians / vegans attending within the group?  Yes or No How many?	
4.	Do you have some menu suggestions	? Please list
	**** We will contact participants to gase comfortable experience at Lutherlyn.  **** The number of people with food specifically ask participants if they have severe enough that we need to ensure	ther any additional information needed to provide a allergies / intolerances is increasing. Please be sure to any concerns. Some allergies like peanuts/tree nuts are a safe environment. Advanced planning is the best way to our Food Service Director with all questions