

Lutherlyn Food Service Information

Group Name: _____ Scheduled Dates: _____

Please complete this form and **return it with your contract**. The information gathered will aid the kitchen staff in preparing meals.

1. Does anyone have a food allergy? Please list participant's name and type of food. _____

2. Does your group need a special menu for health or religious reasons?

Please explain: _____

3. Are any of your group attendees vegetarian? No or Yes How many? _____

4. Do you have menu suggestions? Please list. _____

** Food Allergens example: peanuts, milk, wheat, etc.

***** We will provide meals without the ingredients that are identified above. If a meal cannot be changed to meet the needs of the participant, we will provide alternate options.**

If you have any questions, please contact Lutherlyn's chef and food service director, at (724) 865-0025 or foodservice@lutherlyn.com.