



GUEST FOOD ALLERGIES AND NUTRITIONAL CONSIDERATIONS

FULL NAME:

ACCOMMODATION #: _____

GUEST MEAL PREPARATION AND CONSIDERATION BRIEF INTAKE FORM

ALLERGIES (i.e. nuts, dairy, seafood etc.)

CULTURAL OR PREFERRED FOOD PRACTICES (i.e. Kosher, Halal, Vegan etc.)

NUTRITIONAL CONSIDERATIONS (i.e. low sodium, low sugar etc..)

GUEST SIGNATURE: _____

DATE: / /