

SPECIAL OR MEDICAL DIETS

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



ELANORA
UNITING VENUES

Caring for our Guests

Email: elanora@unitingvenues.org

Fax: 02 9683 6617

Group Name: _____

Booking No.: _____

Guest Name: _____

Guest Phone: _____

(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

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)

Other (please specify) _____

Can you have foods with the warning "may contain traces of....."

OR

'Manufactured on equipment that also processes'?

YES / NO

Name _____ Signature _____ Date _____