

## Dietary Restrictions

Please return this form with your registration.

**This page is only for those who are diabetic and/or have medical dietary needs. It is not to request favorite meals or desserts.**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ (if kitchen has any questions)

Please help us address your dietary needs. This page will be given to the Kitchen Supervisor.

Are you a diabetic?

Do you have any other medical conditions that require a special diet?

If so, please share as much as you're comfortable so that we can try to accommodate your needs.

What foods should you avoid?

What food can be substituted for these foods?

Are you allergic to any foods or food preparations? If so, what?

Any other information that might be helpful

Please list each meal you have signed up for: