

# Lutherlyn Food Service Information

Group Name: \_\_\_\_\_ Scheduled Dates: \_\_\_\_\_

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

1. Do you have any vegetarians / vegans attending within the group?

Yes or No How many? \_\_\_\_\_

2. Does this group need a specific menu for health or religious reasons?

Please explain: \_\_\_\_\_

\_\_\_\_\_

3. Does anyone have a food allergy / intolerance/dietary restrictions?

(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: \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

**If more space is needed please list on back side of this form**

**\*\* We will contact participants to gather any additional information needed to provide a comfortable experience at Lutherlyn.**

**\*\* The number of people with food allergies / intolerances is increasing. Please be sure to specifically ask participants if they have any concerns. Some allergies like peanuts/tree nuts are severe enough that we need to ensure a safe environment. Advanced planning is the best way to handle these concerns.**

**\*\*Please contact the office at 724-865-2161 or the kitchen at 724-865-0025 with any questions that you may have.**