



SPECIAL DIETS FORM

Use this form only if you have a strict dietary requirement that is essential to your health and well being (e.g. food allergy).
Do not use for likes and dislikes of foods.

Please complete and return to your group organiser.

First Name:

Last Name:

Dietary Requirements: (tick one)

- Coeliac (Gluten Free)
- Coeliac / Lactose intolerant
- Lactose intolerant
- Vegan
- Vegetarian

Allergies: (tick all that apply)

- Nuts
- Eggs
- Shellfish / Seafood
- SEVERE ANAPHYLACTIC REACTION**

Other specific allergies or dietary requirements:



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