

# Individual Food Preferences/Allergies Form

Trip Leader: Please have any participants who have special dietary restrictions or preferences fill out this form. Submit the forms with your menu selection form. We will contact participants if we have additional questions.

\* Required

## 1. Participant Name \*

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## 2. Contact Information: Phone number and Email address \*

## 3. How would you describe your appetite? \*

*Check all that apply.*

- Large eater/bottomless pit
- Moderate eater
- Light eater

## Food Preferences and Allergies

Please let us know your eating preferences and if you have any food allergies. Please elaborate on any food items and substitutions that would be helpful. The more information you provide, the better!

## 4. Food preferences/allergies \*

*Check all that apply.*

- I eat a vegetarian diet
- I eat a vegan diet
- I have celiac's disease
- I eat a gluten free diet
- I am lactose intolerant
- I have a nut allergy
- Other: \_\_\_\_\_

**5. Please add information about your food preferences or allergies. \***

**6. Please list your preferred substitutions for breakfast, lunch, and dinner, and/or any food items that would be helpful to have on the trip. \***

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