

Catering Event Guest Information Form

Event Name: _____

Event Date: _____

Guest Name: _____

Contact Information:

Email: _____

Phone Number: _____

Dietary Restrictions and Food Allergies:

Please check all that apply and provide details where necessary:

<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Tree Nut Allergy	<input type="checkbox"/> Gluten Free/ Wheat Allergy	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Sesame Allergy	<input type="checkbox"/> Dairy Allergy	<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Vegan
<input type="checkbox"/> Fish Allergy	<input type="checkbox"/> Shellfish Allergy	<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> Other:

[] Other Allergies (Specify: _____)

[] Other Dietary Restrictions (Specify: _____)

Additional Comments or Special Requests:

Signature: _____

Date: _____