

SPECIAL DIETARY REQUIREMENTS

NAME _____

Please specify your requirements in the table below: -

To assist the catering staff, your name will be recorded for all meals.

<input checked="" type="checkbox"/>	DIET	COMMENTS Please provide sufficient information to assist the catering staff.	Reg No
<input type="checkbox"/>	VEGETARIAN		
<input type="checkbox"/>	VEGAN		
<input type="checkbox"/>	LACTOSE FREE		
<input type="checkbox"/>	GLUTEN FREE		
<input type="checkbox"/>	DAIRY FREE		
<input type="checkbox"/>	DIABETIC		
<input type="checkbox"/>	OTHER		

PLEASE forward with your registration forms. Email forms to: dimensionsinleather@hotmail.com