Special Diet Request Form

The catering staff at the Cranedale Centre work hard to ensure everyone visiting us is well-catered for, including anyone who has specific dietary requirements. Therefore please do send any relevant dietary information to us **at least 3 weeks in advance** in advance so that we can adequately prepare for your arrival to the Centre.

Please complete accurately using BLOCK CAPITALS thank you

Contact Detials	
NAME:	
SCHOOL/COLLEGE:	
TEL/MOB:	EMAIL:
1. Do you have a food allergy?	✓ YES ✓ NO
SEVERE ANAPHYLACTIC REACTIO	N YES NO
Please provide specific details to w	hat exactly you are allergic to:
2. Do you follow one or more of the	ne following diets? YES NO (Please tick all that apply)
✓ Halal ✓ Vegan	Pescatarian Vegetarian Other
Gluten Free Lactose Fr	ee / Intolerant
If you are Egg Free please complete the following:	Can you eat cooked eggs?
	Can you eat products that contain eggs as an ingredient? VES NO
If you are Lactose Intolerant please complete the following:	Lactose intolerant to all dairy products
	Lactose intolerant but can eat butter
	Lactose intolerant but can eat cheese
	Lactose intolerant but can eat cooked dairy VES NO
3. If you have ticked Other above or h	nave further details you feel we should know, please state your requirements below.

