



Guest Food Information

Angels' Rest Retreat Center

Name of Guest: _____
Name of Retreat: _____ Date of Retreat: _____

Helpful Information:

With the growing number of food sensitivities, the retreat center staff asks to be informed so you can relax in the knowledge that their special needs will be attended to accurately and as completely as possible. Answering the following questions will give Angels' Rest what is needed to make it easy for you to be on retreat. When you get to the center, identify yourself so you can be directed to any special food choices made and set aside for you.

Knowing this information in advance helps the center plan meals suited to the group's needs. If you don't have any allergies or preferences, just say "NO" and return the form to your group coordinator or leader. Your prompt reply is appreciated!

Do you have any food sensitivities? _____

If so, please list: _____

Is this an allergy or preference? _____

Severity of allergy is: mild, serious, life-threatening

Is there an associated medical condition (such as Celiac's Disease, diabetes)?

Fish allergy or dislike? _____

Although sugar restricted, I can have:

Cane sugar Honey Maple Syrup

Other comments: