



GROUP/SCHOOL NAME: _____

STUDENTS NAME: _____

DATE: _____

This form must be completed and returned by THE DATE OUTLINED ON YOUR CONTRACT so that necessary eating arrangements may be made with the hotel and restaurants . Only students, advisors and guests with special dietary restrictions MUST complete this form. Failure to provide this form to a GREAT ADVENTURE TOURS advisor by the deadline will not guarantee a student, advisor, or guest the meal they request.

Please check any of the following that apply to you:

_____ **Lactose intolerant**

_____ **Gluten-free**

_____ **Vegetarian (will eat animal products, but not meat)**

_____ **Vegan (no animal products whatsoever)**

_____ **Pork-free (contains no pork, i.e. ham or anything cooked in pork, i.e. bacon grease)**

_____ **Kosher**

Please list any food allergies you have (i.e. shellfish, nuts, berries, etc.):

Email this form to your Great Adventure Tours Inc. Rep by the due date outlined on your contract