



# THE FRANCIS RETREAT

## SPECIAL DIETS FORM

*Use this form only if you have a strict dietary requirement that is essential to your health and well-being (e.g. food allergy). Do not use for likes and dislikes of foods.*

Please complete and return to your Group Leader.

FIRST NAME

SURNAME

Dietary Requirements (tick as required)

Coeliac (Gluten Free)

Coeliac / Lactose intolerant

Lactose intolerant

Vegetarian

Allergies (tick all that apply)

Nuts

Eggs

Shellfish/Seafood

**SEVERE ANAPHYLACTIC REACTION**

Other specific allergies or dietary requirements