

DIETARY REQUIREMENTS

To enable us to cater appropriately for your group, we would be very grateful if you could return this form by post, fax or email at least two weeks before your visit. We will do our very best to cater for all religious, ethical and medical diets but **please note we cannot cater for individual likes and dislikes.**

Please provide the numbers below for most common dietary requirements. For special diets and allergies, please provide as much additional information as possible. We cannot provide soya milk, gluten free bread or kosher meat.

Name of Group: _____ Date of Visit: _____

Contact Name: _____ Tel: _____

<u>Dietary Type</u>	<u>Children</u>	<u>Adults</u>	<u>Description</u>
No Restriction			
Vegan			Eats only food of vegetable origin
Vegetarian			As vegan + dairy (milk, eggs, cheese)
Vegetarian + fish			As vegetarian + fish
White meat + fish			As vegetarian + fish + chicken / turkey
Halal			As vegetarian + fish + halal meat
Special Diets (see below)			
TOTALS			Total number of adults and children

Add "G x (appropriate number)" to indicate gluten free.

Please provide details of any other special diets _____

Birthday Cake required (date?) _____ Name / Age: _____
(enough for 16 average portions)

Extra meals for visitors (please indicate day/s and which meal/s required): _____