



FOOD ALLERGY/SPECIAL MEAL REQUEST CARD

This card is NOT required for each participant. This card should only be completed for participants who have special dietary needs. Please note that completing this card does not guarantee that our cafeteria can honor your requests. Because our cafeteria cooks meals in bulk, they may be unable to accommodate meal provisions for those with extremely limiting food allergies or diets. We will notify the participant/participant's parent/guardian if we are unable to honor the request.

GROUP/CHURCH NAME: _____

GROUP/CHURCH LEADER NAME: _____

START DATE OF WEEK ATTENDING: ____/____/____

PARTICIPANT NAME: _____ **AGE:** _____

PARTICIPANT PHONE (only if participant is 18 or older): _____ - _____ - _____

PARENT/GUARDIAN NAME (if participant is under 18): _____

PARENT/GUARDIAN PHONE (if participant is under 18): _____ - _____ - _____

Please provide a specific description of what special food provisions are needed. Also, please list food allergies if applicable:

PLEASE NOTE: THIS CARD MUST BE SUBMITTED TO OUR OFFICE AT LEAST 1 MONTH PRIOR TO THE FIRST DAY OF THE GROUP'S TRIP.

FAX #: 504-816-8573 / MAIL: MissionLab, 3939 Gentilly Blvd., New Orleans, LA 70126 / EMAIL: info@missionlab.com



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