



In order to make our guests as comfortable as possible we ask that you fill out the following information about any participants in your group who may have special dietary needs. **We can accommodate diabetic, vegetarian and gluten allergies only.** This insures that our kitchen is made aware of any special food requirements and can accommodate accordingly.

Name of Church: _____

Session (Please check one): _____ Mid-Winter 1
Jan. 31-Feb. 2, 2020

_____ Mid-Winter 2
Feb. 14-16, 2020

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Guest Name:

Type of Dietary Need:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

No later than Jan. 24, 2020, email this form to clairecondrey@ctcumc.org OR fax to 1-888-433-6157.