# THE GREAT BARN DIETARY REQUIREMENT FORM

- This form must be printed, completed & signed **ONLY** by the guest with a registered dietary requirement (electronic signatures cannot be accepted)
- Once completed, this form must be returned to the **EVENT ORGANISER** no later than **8 WEEKS BEFORE** the event.
- We **CANNOT** accept requests based on food **likes/dislikes**. Your hosts have chosen the menu.
- Please note that although we will prepare an alternative meal for you free from the allergens notified by you on this form, our kitchens are used to prepare meals containing some, or all of the allergens. We can therefore only guarantee that your specific meal will be prepared with ingredients that are free from such allergens. If you have concerns about your meal being cooked in a kitchen, and with utensils that will have previously been handled a particular allergen, then please contact us to discuss your case.
- Please note that we cannot be held liable for any reaction you may have as a result of eating or coming into contact with anything that has not been marked by us as being free from your notified allergen.

| | | | |
|---|---|---|---|
| Couple's Name | | Date of Event | |
| Guest Name (first & last) | | Guest Mobile | |
| Email Address | | | |
| Parent's Name (if guest under 16) | | | |

| Type of guest? *Please tick appropriate box (only 1)* | | | | | |
|---|---|---|---|---|---|
| Day | | Evening | | Day & Evening | |

| Menu type? *Please tick appropriate box (only 1)* | | | | | |
|---|---|---|---|---|---|
| Meat Eater | | Vegetarian | | Vegan | |

| Allergen food group? *Please tick appropriate box(es)* | | | | | |
|---|---|---|---|---|---|
| Celery | | Lupin | | Peanuts | |
| Cereals containing gluten | | Milk | | Sesame | |
| Crustaceans | | Molluscs | | Soybeans | |
| Eggs | | Mustard | | Sulphur dioxide or sulphites | |
| Fish | | Tree Nuts | | | |

| Intolerance, allergy or severe allergy? *Please tick appropriate box (only 1)* | | | | | | | |
|---|---|---|---|---|---|---|---|
| Intolerance | | Allergy | | Severe Allergy | | N/A | |

| If **YES** to **SEVERE ALLERGY**, your symptoms are: *Please tick appropriate box(es)* | | | |
|---|---|---|---|
| Tingling or itching in the mouth | | Feeling lightheaded | |
| Raised, itchy red rash | | Feeling sick (nausea) or vomiting | |
| Swelling of the face, mouth, throat or other areas of the body | | Hay fever-like symptoms, such as sneezing or itchy eyes | |
| Difficulty swallowing | | Abdominal pain or diarrhoea | |
| Wheezing or shortness of breath | | Anaphylaxis | |

| | | | | |
|---|---|---|---|---|
| Do you carry medication? *Please tick yes or no* | Yes | | No | |
| Is it also an airborne allergy? *Please tick yes or no* | Yes | | No | |
| Any religious dietary requirements? | Yes | | No | |

*If yes, please state*

Any other information?

I confirm that I am the person completing & signing this form. I believe this information is true to the best of my knowledge and food served at the event cannot be changed on the day.

Signed :…….. (no electronic signatures) Date:……