

Catering Event - Guest Allergy Form



*INSTRUCTIONS FOR UTILIZING THIS FORM:

- Each guest must fill out this form for each event they attend.
- Once completed, each guest must submit the form to their Event Planner no less than ten(10) days prior to their event.

Brown University Catering
144 Thayer Street, Box 1936
Providence, RI
02912
Phone: 401-863-2712
Fax: 401-863-9566

brown.edu/food

| | |
|-------------------------|----------------------|
| Today's Date: | <input type="text"/> |
| Date of Event | <input type="text"/> |
| Location of Event | <input type="text"/> |
| Host Dept/Event Planner | <input type="text"/> |
| Event Name | <input type="text"/> |

Attendee Information

| | |
|-------|----------------------|
| Name | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

I am allergic to the following:

- Milk
- Egg
- Soy
- Wheat
- Peanut
- Tree Nut
- Fish
- Shellfish
- Gluten
- *Other

I have read the FOOD ALLERGY POLICY of BROWN UNIVERSITY CATERING SERVICES and AGREE to the TERMS.

AGREE

Planning your Event: Food Allergen Policy

http://brown.edu/Student_Services/Food_Services/catering/plan_allergies.php

If *other*, please specify below:

Vegan

Vegetarian

Internal Use Only

Catering/Kitchen