

MISSIONLAB 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 NAME: _____

GROUP LEADER NAME: _____ WEEK ATTENDING: _____

PARTICIPANT NAME: _____ PARTICIPANT 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): _____

DESCRIPTION OF SPECIAL FOOD PROVISIONS: _____



PLEASE SUBMIT TO INFO@MISSIONLAB.COM 1 MONTH PRIOR TO TRIP ARRIVAL.

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