



Dietary Needs Form

Please fill out and submit to host director *at least one month prior to event*.
Please submit this form **ONLY** if special dietary considerations are necessary.

- Student Name: _____
- Parent/Guardian Contact Name: _____
- Parent/Guardian Contact Email: _____
- Parent/Guardian Contact Phone Number: _____
- Parent/Guardian Contact Phone Type: Cell Home Work
- Student's School: _____
- Student's WCMEA Music Teacher Name: _____
- Student is:
(Check all that apply) *
 - Vegetarian (can eat dairy products)
 - Vegan (no dairy products)
 - Gluten-Free
 - Lactose Intolerant
 - None of the Above
- Please list **food allergies** below: *If none – write N/A
(Please be **specific** when listing – i.e. nuts, fish, fruits, peanut butter)

- Check your preference:
 - Please provide adapted meals/snacks
 - We prefer to pack/provide our own meals/snacks