



DIETARY REQUIREMENTS

FOR THOSE WITH COMPLEX DIETARY NEEDS or SIGNIFICANT ALLERGIES

Return to: bookings@kiahridge.org.au | ph 4683 1111 | fax 4683 1122

GUEST DETAILS:

Full Name: Gender:

Group: Age (if under 18):

Stay Dates:

CONTACT DETAILS:

Parent/Guardian details for guests under 18

Full Name: Relationship:

Email: Phone:

Best Time to Contact:

SPECIFIC DIETARY REQUIREMENTS:

Please detail your dietary requirements

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ADVICE:

If applicable, please include any advice that may assist in catering for your requirements. This may include specific foods to avoid, alternative meal types or ingredients.

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OFFICE USE ONLY:

- Dietary Requirement can be accommodated within typical variations
OR
 Guest needs to be contacted to discuss menu planning

Discuss:

KR CCC Action

- | | |
|---|---|
| <input type="checkbox"/> Dietary requirements discussed | <input type="checkbox"/> Cater all meals |
| <input type="checkbox"/> Proposed menu explained | <input type="checkbox"/> Cater main meals only |
| <input type="checkbox"/> Appropriate elimination / substitution | <input type="checkbox"/> Assist guest in providing own food |
| <input type="checkbox"/> Surcharge applicable? | |

Menu Planning Notes:

Breakfast	Lunch	Dinner
Snacks:		