

PREFERENCE SHEET

Date	Location/address	Breakfast/ Lunch/Dinner	Time of Service

GUEST INFORMATION

Name	Nationality	Age

IF THERE ARE CHILDREN IN THE GROUP, WILL THEY EAT THE SAME FOOD AND AT THE SAME TIME AS THE ADULTS? IF NOT, PLEASE SPECIFY.

DOES ANY OF THE GUESTS HAVE ALLERGIES OR DIETARY RESTRICTIONS? PLEASE SPECIFY:

Name	Information

ADDITIONAL INFORMATION

CONTACT INFORMATION

Name	Phone	Email