

Catering Event Guest Food Allergy Survey

Full Name

Email Address

Do you have any food allergies?

If yes, please select all that apply:

- ☐ Peanuts
- ☐ Tree Nuts
- ☐ Dairy
- ☐ Eggs
- ☐ Seafood
- ☐ Shellfish
- ☐ Soy
- ☐ Wheat
- ☐ Gluten
- ☐ Other

If "Other," please specify or provide details about your allergies or dietary restrictions:

Emergency Contact (Name & Phone Number)