

Special Meal Request - Must be received **Two Weeks Prior** to the event

Name: _____

Studio: _____

Special Meal Requested:

(Please check one)

Food Allergy:

I have a FOOD ALLERGY to: _____

**The kitchen will be notified of your food allergy.*

I Would Prefer:

Vegetarian Meal

No Seafood

No Red Meat

**We will request your meal be changed to the meal marked above.*

Fax to 727-279-4835 or e-mail to DanceChampions@gmail.com

(For Office Use Only: Date Received: _____

Event: _____)