

# Special Meal Request for Dinner(s)

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. (Please select for Food Allergy only)*

## *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](mailto:DanceChampions@gmail.com)*

*(For Office Use Only: Date Received: \_\_\_\_\_)*