CENTRE EY CENTRE

FOOD RESTRICTION FORM

In order to deliver premium service and the highest quality product, advance planning is essential to the success of your event. Please indicate any special, dietary and/or allergy restrictions in the table below and return it to your Events Manager. A minimum of 7 business days in advance of your event.

COMPANY:	**EVENT NAME:**
CONTACT NAME:	**EVENT DATE:**
MEAL FUNCTION: Breakfast / Lunch / Dinner	**MEAL TYPE:** Buffet / Plated
SPECIAL MEAL INDICATOR	**GARRANTEED # OF ATTENDEES:**

ATTENDEE LAST NAME	ATTENDEE FIRST NAME	RESTRICTIONS	TABLE NUMBER	SPECIAL MEAN INDICATOR
I.E. Smith	*John*	*Vegetarianh*	*10*	*Green*

example