

PLEASE TELL US IF YOU HAVE ANY SPECIAL FOOD CONCERNS (dietary needs, allergies, etc.) ESPECIALLY WITH REGARDS TO THE FOOD ITEMS SHOWN FOR SATURDAY LUNCH AND DINNER ON OUR STATE INSTITUTE REGISTRATION FORM FOR AUGUST 19, 20 & 21, 2011:

NAME: \_\_\_\_\_

CLUB: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

\*ALLERGIES/REQUESTS: \_\_\_\_\_

\_\_\_\_\_

SPECIAL DIET NEEDED: \_\_\_\_\_

\_\_\_\_\_

\*ARE YOUR ALLERGIES SEVERE? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE RETURN THESE SLIPS, IF APPLICABLE, TO US STATING **SEE ATTACHED** ON THE LINE NEXT TO "FOOD ALLERGIES" ON THE REGISTRATION FORM. THE ABOVE INFORMATION WILL PROVIDE US WITH YOUR SPECIFIC CONCERNS.

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