

Nebraska Vocational Agricultural Foundation/The Leadership Center
Dietary Needs Form

Should attendee have any special dietary requirements during their time at Stride Conference, please fill out the following form. These will be shared with our Kitchen Manager to ensure the attendee's needs are met. Thank you.

1. Event attending: _____ Dates: _____
2. Do you have any special dietary needs we need to be aware of:
_____ No _____ Yes

**If No, no further information is needed.*

3. Please check options that apply to you:

If Vegetarian, please specify:

- | | |
|------------------|--------------------|
| _____ Vegetarian | _____ Vegan |
| _____ Eggs ok | _____ Fish ok |
| _____ Dairy ok | _____ Veggies only |

4. Please check the following item which you prefer.

- | | | |
|-----------------------|----------------|--------------------|
| _____ Peppers | _____ Beans | _____ Tofu |
| _____ Tomatoes | _____ Avocado | _____ Nut Milk |
| _____ Onion | _____ Squash | _____ Soy Milk |
| _____ Garlic | _____ Zucchini | _____ Coconut Milk |
| _____ Broccoli | _____ Cabbage | |
| _____ Cauliflower | _____ Carrots | |
| _____ Brussel Sprouts | _____ Pasta | |
| _____ Corn | _____ Rice | |

5. Please check items which are an issue.

- | | | |
|--------------------------|-------------------------|------------------------|
| _____ Lactose Intolerant | _____ Gluten Intolerant | _____ Tree Nuts/Nuts |
| _____ Colitis | _____ Diabetic | _____ Other-List below |

Please list any food allergies below: _____

6. If there is any further information you feel the Chef needs to know for meal planning or preparation, please make note if it here.

Name: _____

Phone Number if Kitchen Manager has questions: _____