

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: \_\_\_\_\_