

SPECIAL DIETS REQUEST

Leaders: Please give a copy of this form to your attendees with special diet needs. Must be filled out and faxed, mailed, or emailed to Alton L. Collins Retreat Center so that we receive your information **two weeks** prior to your arrival date.

Fax# 503-637-6410 Email: alcrc@relianceconnects.com

Mail to: 32867 SE Highway 211 Eagle Creek, OR 97022

Your Name: _____ **Group Name:** _____

Your Phone# _____ **Arrival Date:** _____

Tell us for which meals you need a special diet:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>	Dinner	<input type="checkbox"/>

Special Diet Needs:

_____ **No Pork** _____ **Vegetarian (no meat, fish, poultry)**

_____ **No Beef** _____ **Vegan (no eggs, dairy, meat, fish)**

_____ **No Fish/Shellfish** _____ **Lactose Intolerant (no dairy)**

_____ **Gluten Free** _____ **Wheat Free**

_____ **Diabetic** _____ **Other**

Additional Information: _____

Important: To help us meet your needs we must have this information **two weeks** prior to your arrival. If you would like to speak to our chef, Guillermo Reyes, please call 503-637-6411 or email chef@cascadeaccess.com.