



Summer Conferences Special Diet Request

Group Name: _____ Group Dates: _____

Attendee Name: _____ Parent (if applicable): _____

Contact Phone: _____ Email: _____

Address: _____

Do you have a food allergy? **Y** **N**

Allergy or Special Diet Details:

***Please note:**

You must notify your Conference/Camp Director of your special diet request.

If accommodations can be made, it is the responsibility of the attendee to meet with the Dining Hall Manager prior to each meal.

Although our staff is educated and trained on cross contamination, we cannot guarantee that cross contamination will not occur.

For questions, please contact Carole Miller @ cmiller@stanford.edu or 650-723-1628

Attendee or Parent Signature: _____ Date: _____

Office use only

Dining Hall: _____

Dining Hall Manager: _____

Notes: _____