

Please PRINT all information and return PRIOR to arriving at Glen Eyrie.
 (You may fax this form to 719.634.2012)

Guest Name: _____

Home Phone #: _____

Name of Conference Attending: _____

Start Date and Meal: ____ / ____ / ____ Breakfast Lunch Dinner *(circle one)*

End Date and Meal: ____ / ____ / ____ Breakfast Lunch Dinner *(circle one)*

Medical restrictions and/or extreme food allergies: _____

Food that you are medically able to eat: _____

Vegetarian (Please specify. We will make every attempt to accommodate vegetarian diets within reason): _____

This form is for our kitchen and dining staff to better serve you. Informing us of extreme food allergies, medically necessary restrictions and/or vegetarian specifications will help us to make your stay more enjoyable.

We are sorry, but we are unable to meet special diets that are not medically necessary. You are responsible for any other personal dietary preferences. You are welcome to bring pre-prepared foods that meet your personal preferences.

It is the responsibility of each guest to manage his/her diet. As a matter of health and safety, guests with medically necessary dietary needs, particularly those with severe allergies, should speak with thier dining server at *each meal* to confirm that their dietary needs have been addressed.

