

Medical Diet Request Form

(To be completed by the guest, not group coordinator)

We are excited to have you as a guest at Laurelville! We are able to accommodate most medical dietary needs when given prior notification.

- Laurelville prepares buffet-style meals rather than "individual short orders" based on "food preferences."
- We will make you an individual meal with the specifications listed below to the best of our abilities. Laurelville charges an additional \$1 per meal per person for "Medical Diet" requests due to additional preparation and higher cost of food.
- We are not a dedicated facility and process all types of foods in the same kitchen.
- Guests are encouraged to bring supplemental snacks or foods, when faced with a restrictive diet. You may keep these items in your building's refrigerator, or bring your own cooler.
- All guests assume personal responsibility for their dietary needs and communication of those needs. Please ask the kitchen staff if there are any ingredients that are unsafe for you, BEFORE eating your meal.

<u>Please return this form to your Group Leader</u> who will forward it to us. (If it's not received two weeks prior to arrival, we cannot guarantee accommodations). Please pay your Group Leader.

Please PRINT clearly.

Guest Name:		
Group Name:		
Guest Home Phone:	Guest Cell Phone:	
Guest Email:		
Arrival Date:	Departure Date:	
Medical Diet Request (\$1 per mea It is important for us to know what	al per person) you are able to eat and enjoy eating with your restrictions.	
□ Vegetarian, <u>but</u> I do eat (circle if	applicable): Chicken, Turkey, Fish, Eggs	
	icable): Cheese, eggs, butter, or items that contain these cooked ingredients	
	applicable): Items cooked with butter, milk	
Food Allergy	nd we will do our best to accommodate you.	

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