TRIO DAY 2019

Dietary Restriction Form

Please complete and return the form to Dr. Denise Myers, rmyers1@montevallo.edu, so that necessary dietary accommodations can be made. A form MUST be received for each program.

***Deadline to submit form is January 15, 2019***

\_\_\_\_\_ Check here if you have NO DIETARY RESTRICTIONS

TRIO Program: \_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many students with dietary restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many staff members with dietary restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly explain dietary restrictions among members of your group, including, # of vegetarians, # with food allergies and other food *restrictions.*

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TRIO Staff member submitting the dietary information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (if questions arise regarding this form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_