



Food Allergies & Preferences

SINGER'S NAME _____ DATE _____

EMERGENCY CELL PHONE NUMBER _____

Please indicate any food allergies or preferences below by checking the appropriate boxes and bring this form to the Season Kick-off sign-in table on August 5th.

Foods to Avoid	Allergy	Preference
Gluten		
Dairy		
Eggs		
Nuts		
Shellfish		

Other: _____