



## CELEBRATION BARN MEAL QUESTIONNAIRE

Name: \_\_\_\_\_

Workshop: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have food allergies that we should know about? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list your food allergies: \_\_\_\_\_

Do you have medical problems that we should know about? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you a vegetarian? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a vegan? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat red meat? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat poultry? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat pork? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat fish? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat dairy? YES \_\_\_\_\_ NO \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

Please provide any comments or suggestions here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_