



# Dietary Restrictions

## 2019-2020

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

Instrument/Color Guard \_\_\_\_\_

Please mark all boxes that apply and provide more details where needed.

Gluten free (no wheat)

Dairy free

Can you eat butter?

Yes

No

Vegetarian (no meat; egg and cheese OK)

Vegan (no meat, egg or cheese)

No beef

No pork

Nut allergy

Can you eat Chick-fil-a?

Yes

No

Egg allergy

Other