



Food for Thought Meal Ticket

Guest Name: _____
Group Name: _____
Arrive: _____
Depart: _____



Present to server when you enter the Dining Room



FOOD FOR THOUGHT...

...From the Food Service Staff at Sandy Cove!

Our aim is to serve the Lord and our guests through our food service. We understand that some guests have health issues that cause various dietary restrictions. Please list below the name of your food allergy or dietary restriction (example: gluten free, allergic to nuts, low salt, etc.). Please know that we will do all that we can to accommodate your dietary request.

Please be aware that we are not a "allergen free" kitchen, but we will take all measures to ensure the safety of your food.

If your request requires specialty foods that cannot be found in most local grocery stores, please bring these foods along with you. We are happy to store and prepare these foods for you. If you have any questions or concerns, please contact:

Katie Jones at k.jones@sandycove.org or 1-800-234-2683 ext. 418.

Your Name (one form per person please): _____

Group Name (if applicable): _____

Daytime Phone: _____ Age (if under 18): _____

Arrival Day/Date: _____ Departure Day/Date: _____

Allergies/Specific Dietary Needs (please print clearly)

- | | | |
|----------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Fish | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Tree Nuts | |
| <input type="checkbox"/> Lactose | <input type="checkbox"/> Peanuts | |

If you are a vegetarian, please indicate what type of vegetarian

- | | | |
|--------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Ovo | <input type="checkbox"/> Pescatarian |
| <input type="checkbox"/> Lacto | <input type="checkbox"/> Lacto-Ovo | <input type="checkbox"/> Flexitarian |

Is there anything else specific we should know about your dietary requirements?

Are there any specific food that you cannot eat?

For extreme allergies and sensitivities please fill out the reverse side.....

In order for Sandy Cove to meet you dietary needs,
your form **MUST** be submitted at least two weeks in advance.

Mail to: Attention: Food for Thought 60 Sandy Cove Road North East, MD 21901
Or fax to: Attention: Food for Thought 410.287.3196



Please Check off any the following seasonings that you CANNOT safely consume?

Meats/Proteins

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Turkey | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Pork/Ham | <input type="checkbox"/> Shell Fish |
| <input type="checkbox"/> Other: _____ | | |

Vegetables:

- | | | |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Lettuce |
| <input type="checkbox"/> Green Beans | <input type="checkbox"/> Zucchini/Y. Squash | <input type="checkbox"/> Mushrooms |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Squash | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Spinach | <input type="checkbox"/> Onions |
| <input type="checkbox"/> Snap Peas | <input type="checkbox"/> Kale | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Okra |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Corn | |
| <input type="checkbox"/> Other: _____ | | |

Fruits:

- | | | |
|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Grapes | <input type="checkbox"/> Cherries |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Apples | <input type="checkbox"/> Bananas |
| <input type="checkbox"/> Blackberries | <input type="checkbox"/> Watermelon | <input type="checkbox"/> Kiwi |
| <input type="checkbox"/> Raspberries | <input type="checkbox"/> Honeydew melon | <input type="checkbox"/> Avocado |
| <input type="checkbox"/> Peaches | <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Pumpkin |
| <input type="checkbox"/> Other: _____ | | |

Seasonings:

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Salt | <input type="checkbox"/> Chives | <input type="checkbox"/> Cloves |
| <input type="checkbox"/> Pepper | <input type="checkbox"/> Thyme | <input type="checkbox"/> Curry |
| <input type="checkbox"/> Chili Powder | <input type="checkbox"/> Dill | <input type="checkbox"/> Ginger |
| <input type="checkbox"/> Cayenne Pepper | <input type="checkbox"/> Rosemary | <input type="checkbox"/> Cinnamon |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Tarragon | <input type="checkbox"/> Nutmeg |
| <input type="checkbox"/> Oregano | <input type="checkbox"/> Sage | <input type="checkbox"/> Coriander |
| <input type="checkbox"/> Paprika | <input type="checkbox"/> Cumin | <input type="checkbox"/> Allspice |
| <input type="checkbox"/> Parsley | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Cardamom |
| <input type="checkbox"/> Bay Seasoning | <input type="checkbox"/> Turmeric | |
| <input type="checkbox"/> Other: _____ | | |

Oils:

- | | | |
|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Vegetable | <input type="checkbox"/> Canola | <input type="checkbox"/> Coconut |
| <input type="checkbox"/> Soy oil | <input type="checkbox"/> Coconut | |
| <input type="checkbox"/> Olive oil | <input type="checkbox"/> Grapeseed | |

Grains/Starches/Seeds:

- | | | |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> White rice | <input type="checkbox"/> Legumes (dry beans) | <input type="checkbox"/> Pasta |
| <input type="checkbox"/> Brown rice | <input type="checkbox"/> Sesame seeds | |
| <input type="checkbox"/> Wild rice | <input type="checkbox"/> Poppy seeds | |
| <input type="checkbox"/> Other: _____ | | |