



Food for Thought Meal Ticket

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

Present to server when you enter the Dining Room

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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.).

We also understand that some guests prefer a vegetarian diet. If you are a vegetarian, please tell us what type of vegetarian diet you prefer (example: vegan, or will you eat dairy, eggs, fish, etc.).

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)

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

Foods I do eat/can have:

Breakfast Items: _____

Lunch Items: _____

Dinner Items: _____

Sandy Cove's Food Service Department will make every attempt to accommodate your request. In the event that we have questions or feel we are unable to meet your needs, a Food Service representative will contact you. If this form is not accurately completed we will be unable to meet your request.

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