



Dietary Request Form

Please complete this form and email it to donna@ucci.org. A cell phone photo is acceptable.

You may also call our office at 920-748-6750 with this information.

Please Note: In order to better serve our guests, we are asking those with dietary needs to help us by providing the following information **two weeks prior** to your arrival. This allows our staff to take your needs into consideration as they plan for your stay.

Name: _____ Contact _____

Info: _____

Event Name: _____

Event Dates: _____

Dietary Request:

Medically Prescribed Dietary Restrictions:

_____ Gluten Free _____ Diabetic

_____ Casein Free _____ Celiac

_____ Lactose Intolerant _____ Other

If other, please describe:

Special Diet Requests:

_____ Vegetarian _____ Gluten Free

_____ Vegan _____ Other

If other please describe: