PALI RETREAT

— RUNNING SPRINGS, CA —

EST. 1999

DIETARY RESTRICTIONS FORM

Welcome to Pali Mountain Retreat & Conference Center. To better serve your group, we will need some dietary restriction information.

Group Name: _____   **Arrival Date:** _____   **Departure Date:** _____

Total number of guests: _____

Dietary Restrictions

Gluten Free # _____   Eggs # _____

Soy Free # _____   Tree Nuts # _____

Shellfish # _____   Peanuts # _____

Lactose Intolerance # _____   Sesame # _____

Vegetarian # _____   Mustard # _____

Vegan # _____   Melon # _____

Multiple : If any group members have multiple food allergies please list below how many and select all relevant allergens.

Other: If any group members have a dietary restriction or other food allergy note listed please note and explain where indicated below.

Please indicate below the number of group members/guests with multiple food allergies and select all that apply.

Number of Guests

Number of Guests	GF	Soy Free	Shellfish	Lactose Intolerance	Vegetarian	Vegan	Eggs	Tree Nuts	Peanuts	Sesame	Mustard	Melon
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Additional Notes:

**If any of your group members plan to or decide to checkout before your final meal, please let a Pali staff member know as soon as possible, so we can make the appropriate amount of food and prevent food waste.

Our Food and Beverage team will be standing by to address any and all nutritional questions throughout the duration of your stay!