

Catering Event - Guest Allergy Form

*INSTRUCTIONS FOR UTILIZING THIS FORM:

- Each guest must fill out this form for each event they attend.
- Once completed, each guest must submit the form to their Event Planner no less than ten(10) days prior to their event.



Brown University Catering
144 Thayer Street, Box 1936
Providence, RI
02912

Phone: 401-863-2712
Fax: 401-863-9566

brown.edu/food

Today's Date:

Date of Event

Location of Event

Host Dept/Event Planner

Event Name

Attendee Information

Name

Email

Phone

I am allergic to the following:

- ☐ Milk
- ☐ Egg
- ☐ Soy
- ☐ Wheat
- ☐ Peanut
- ☐ Tree Nut
- ☐ Fish
- ☐ Shellfish
- ☐ Gluten
- ☐ *Other

**I have read the FOOD ALLERGY POLICY of
BROWN UNIVERSITY CATERING SERVICES
and AGREE to the TERMS.**

☐ AGREE

Planning your Event: Food Allergen Policy

[http://brown.edu/Student_Services/Food_Services/
catering/plan_allergies.php](http://brown.edu/Student_Services/Food_Services/catering/plan_allergies.php)

If other, please specify below:

☐ Vegan

☐ Vegetarian

Internal Use Only

Catering/Kitchen