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Mission Outreach – Group Dietary Information

Group/Church Name _____ **Summer Week # or Dates** _____

Contact Person Name _____ **Mobile #** _____

Please complete the information below so that we can accurately plan meals for your group.

- Will there be any vegetarians? yes / no If yes, how many? _____

Please include names and any additional comments _____

- Are there any people who require gluten-free meals? yes / no If yes, how many? _____

Please include names and any additional comments _____

- Are there any other members of your group who have food allergies/restrictions not listed above?

Please explain _____

Please let those with dietary needs/ allergies know to alert the kitchen staff of their needs, as sometimes there are other dishes set aside for those with special circumstances. For example, someone who is celiac may have a gluten-free pasta option. Thank you!