BFC 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 the Club’s Function Manager no less than four(4) days prior to their event.

Today’s Date: __________

Date 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

If other, please specify below:

☐ Vegan
☐ Vegetarian

Internal Use Only

Kitchen

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