

Diet and Allergy

1. Do you have *any* food allergies?

Please provide name/type of food you are allergic to, reaction and treatment.

Allergy (what food)	Reaction	Treatment

2. Do you have *any* other allergies?

Yes No

Please provide what you are allergic to, reaction and treatment.

Allergy	Reaction	Treatment

3. Are you a vegetarian?

Yes No

4. What are your group's food preferences? (Ex. White meat, red meat, pasta, dairy)

Client Signature

Date

Witness Signature

Date

Captain Jim's Rep. Signature

Date

Contact Information.

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