

**Individual Food Form**

**Please return this form to your trip leader by** **(date) at:** **(email).**

[Trip leaders: Use this form to compile totals to include in your Food Planning Form; do not send individual forms to us except for individuals with special dietary needs that are not addressed with your menu choices or those with food allergies].

**Your Name:\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_**

**Food Details**

1. **Are you a heavy or light eater? Portions will be adjusted accordingly.**

|  |  |  |
| --- | --- | --- |
| **Breakfast** Heavy[ ]  Average[ ]  Light [ ]  | **Lunch**Heavy[ ] Average[ ] Light[ ]  | **Dinner**Heavy [ ] Average[ ] Light[ ]  |

1. **Do you like Spicy Food?**

 **Yes** [ ]  **No**[ ]

**Drinks**

1. **Which of the following do you drink?**

|  |  |  |
| --- | --- | --- |
| [ ]  Juice (Assorted) | [ ] Assorted Black Teas | [ ]  Powdered Gator-Aid |
| [ ]  Hot Chocolate | [ ]  Assorted Herbal Teas | [ ]  Powdered Lemonade |
| [ ]  Milk | [ ] Green Tea | [ ]  Almond Milk |
| [ ]  Coffee |  | [ ]  Soy Milk |

1. **What do you add to your breakfast/ hot drinks?**

|  |  |
| --- | --- |
| [ ]  Sugar:  | [ ]  Evaporated Milk:  |
| [ ]  Milk:  | [ ]  Soy Milk:  |
| [ ] Half-n-Half:  | [ ]  Almond Milk:  |
| [ ]  Powdered Creamer:  | [ ]  Honey:  |
| [ ]  Equal/Sweet-n-Low: | [ ]  Other:  |
| [ ]  Flavored Non-Dairy Creamers:  |  |

**Allergies/Special Dietary Needs**

[Trip Leaders: If any of the items below are checked for special dietary needs or allergies, please forward the complete details to Moenkopi in the Compiled food form.]

1. **Do you have any special dietary needs? Check any that apply & complete the corresponding items for each.**

**[ ]  Vegetarian** – If yes, select which items you **will** eat or what substitutions you prefer:

|  |  |
| --- | --- |
| Fish: [ ]  | Seafood (shrimp): [ ]  |
| Tofu: [ ]  | Tempeh: [ ]  |
| Veggie burgers: [ ]  | Breakfast meat alternatives (priced on product): [ ]  |
| Meals w/ chicken broth/bouillon: [ ]  |  |
| Other substitutions requested:       |

**[ ]  Vegan** – If yes, select which items you **will** eat or what substitutions you prefer:

|  |  |
| --- | --- |
| Tofu: [ ]  | Tempeh: [ ]  |
| Veggie burgers: [ ]  | Breakfast meat alternatives (priced on product): [ ]  |
| Soy-based products: [ ]  | Vegan cheese (priced on product): [ ]  |
| Other substitutions requested:       |

**[ ]  Gluten Intolerant** – If yes, tell us what gluten-free specialty items you eat and if you have strong brand preferences:

**[ ]  Lactose Intolerant** – Substitutions requested:

**[ ]  Other:**  – Substitutions requested:

1. **Do you have any known food allergies?** **[ ]  No** **[ ]  Yes\*\***

[\*\*Moenkopi will do their best to accommodate allergies however you are ultimately responsible for taking necessary precautions to guard against an allergic reaction. Please differentiate between a general intolerance for a particular food above and a diagnosed or life-threatening allergy.]

 What is your food allergy?

What accommodations do you need to guard against a severe allergic reaction?