

Special Dietary Information

All forms are due 16 days prior to Retreat. Please E-MAIL to your coordinator or FAX to (831) 335-0970.

Church/Organization: _____

Retreat Dates: _____

Personal Information

Full Name: _____ Age: _____

Home: _____ Work: _____ Cell: _____

Email address: _____

In case of emergency contact:

Full Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Special Dietary Information

If you have a physician prescribed dietary need, please provide a detailed description of your diet needs.

We will make an effort to accommodate your special needs. Please realize that we do not have the staff to make special meals for everyone. In most cases we will try to use our regular menu and adjust it to the special diet need. Vegetarians can generally find a variety of filling options in our regular menu.

May we suggest bringing along some favorite snacks and foods to supplement your diet? We would be happy to provide refrigerator and freezer space for you.

When you arrive at the Dining Hall, please make yourself known to a Dining Supervisor, they will then discuss your meal options.