Albion Hills Kitchen Information Sheet

Please fax the completed form to 905-880-1975 no later than one week prior to your visit.

School/group name: _____ Arrival date: _____ Departure date: _____

No. of participants: _____ Age/grade: _____ No. of tables to be set: *(staff use)* _____

Leader(s): _____ Phone no.: _____

Name	Epipen	Nut	Beef	Pork	Chicken	Fish	Dairy	Dairy as ingredient	Milk	Milk as ingredient	Egg	Egg as ingredient	Halal	Other (specify)

You only need to fill in the information for participants with special dietary needs. Please put a " ✔ " mark in the box if the participant is bringing epipens, and the item of food is allowed.

Birthdays this week:

Student Name		
Date		