Westfield State University
Urban Education Summer Bridge Program 2015
Dietary Restrictions Form

This form must be completed and returned by __________ so that necessary eating arrangements may be made. All students MUST complete this form regardless of whether you have any dietary restrictions or not.

___ Check here if you have NO DIETARY RESTRICTIONS

Please check any of the following that apply to you:

___ Lactose intolerant
___ Vegetarian (will eat animal products, but not meat)
___ Vegetarian (vegan… no animal products whatsoever)
___ Kosher

Please list any food allergies you have:

Please only list foods that you may not eat due to religious or health reasons):

Print Name: ____________________________________  Date: _____________
Signature: ______________________________________

Parent/Guardian Signature (if under the age of 18): __________________________