**This form must be submitted with online registration.**

**AMERICAN LEGION AUXILIARY**

**FLORIDA GIRLS STATE 2019**

Dear: ALA Girls State Citizen

Please complete and submit the form below ***ONLY IF*** you have any of the dietary restrictions listed below. We will inform our food suppliers about your special needs so we can honor your dietary restrictions and make your week at Girls State a pleasurable experience.

Form **MUST** be submitted with online registration.

***If not submitted with online registration, FL Girls State will NOT be able to submit your information to food vendors.***

Please print:

Name

Vegetarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lactose intolerant \_\_\_\_\_\_\_\_\_\_\_

**Food allergies -- please identify the foods you are allergic to:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Completed by Girls State staff

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_