Food allergy Hearing Sheet(Prior reservation)

The one having food allergy has you fill out this seat and copes individually However, the person of a severe allergy symptom may not meet a request.

In addition, approve all the menus because you cook it in the same kitchen because an allergy may get mixed.

Date of Use											:	^	•	:	
Use facility		Stay Restaurant Ba					quet others ()			
Resutaurantname of Banque															
Name		Nur					ber of Cover Adult pax · C					child pax · Baby pax			
Address =															
TEL/FA	L: FAX:						e-mail								
The allergi	ler						Age			sex	Mal	e · F	· Fmale		
Agent	Agent Nar				TEL			The person				on in charge:			
Please check it to an item developing in an allergic reaction.															
8 displa obligati	-	(eg g	wheat	dairy products		shrimp		р	crab		buckwheat		peanut	
items		>	valnut						/						
20 disp	lav	al	balone	squid	salmo	on roe	orang		e	kiwi		beef		yam	
recommenda on items		soybea		chicken	bar	nana	porl			macadamia nuts		peach		apple	
		Si	almon	mackere	el gela	atine	sesar		ie	cashew nuts		almond			
latex		1	rubber	housedus	t	other	()
Please i	Please inform me of other ingredient and seasoning of not being possible to use														
Please i	Please inform me of the allergy symptom that has developed before.														
					Hotel per	rson in ch	arge s	gnatur	e						
Reservation Kich		nen Resutaurant		Banquet Office B	anquet Service				tion g e	Indecation Manage		. Chef			
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