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 Banquet**			**others ( )**	
Resutaurant□ame of Banque					
Name		**Number of Cover**	**Adult pax ・ Child pax ・ Baby pax**		
Address	**〒**				
TEL/FAX	**TEL :**	**FAX:**	**e-mail**		
The allergic holder		**Age**		**sex**	**Male ・Fmale**
Agent	**Name**	**TEL**	**The person in charge:**		

Please check it to an item developing in an allergic reaction.

7 display obligation items	e g g	wheat	**dairy products**	shrimp	crab	buckwheat	peanut
20 display recommendation items	abalone	squid	salmon roe	orange	kiwi	beef	walnut
	soybean	chicken	banana	pork	**matsutake mushroom**	peach	yam
	salmon	mackerel	apple	gelatine	sesame	cashew nuts	
latex	**rubber**	**housedust**	**other (**				**)**

Please inform me of other ingredient and seasoning of not being possible to use it.

Please inform me of the allergy symptom that has developed before.

Hotel person in charge signature

Reservation	Kichen	Resutaurant	Banquet Office	Banquet Service	Indecation Manage	Indecation Manage	Indecation Manage	EX. Chef		
/	/	/	/	/	/	/	/	/	/	/