

**Pecometh Dietary Needs**

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retreat Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form helps us to provide your group with a satisfying dining experience. Please return this completed form to us at least two weeks prior to your event to ensure that we are able to meet your needs.

**Food Allergies:**

**Guest Name Allergy**

**Other dietary needs**: Example: vegetarian, pork-free diet, etc.

**Guest Name Dietary Needs**

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