



This form is to be completed and signed only by members attending the Vapouround Awards 2019, who have special dietary needs. This form can be completed on a group to group basis.

The completed form must be returned by email to [awards@vapouround.co.uk](mailto:awards@vapouround.co.uk) before 5pm on 19th April 2019. We may be unable to cater to the dietary needs of those who do not return this form by this date.

<b>COMPANY NAME</b>	<input type="text"/>
<b>E-MAIL ADDRESS</b>	<input type="text"/>
<b>PHONE NUMBER</b>	<input type="text"/>

Please tick the boxes below which apply to you / your group and the number of attendees which these requirements apply to.

Nut Allergy*	Halal	Vegan	Vegetarian	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do you require any special assistance at the event?  
e.g. wheelchair access

YES                      NO

If yes, please specify:

\*Please be aware we cannot guarantee, despite best efforts, that these dishes are completely nut free.

**Print Name:** \_\_\_\_\_

**Date:**     /     /     \_\_\_\_\_

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