

Granite Curling Club
72nd USWCA National Bonspiel
Food Restriction Form

Team Name: _____

Your Name: _____

Phone: _____

Email: _____

Do you have any food allergies? Yes/No.

If yes, please list:

- 1.
- 2.
- 3.

Do you have any dietary restrictions? Yes/No

If yes, please list:

- 1.
- 2.
- 3.