Mayflower™
CRUISES & TOURS
A DIVISION OF THE SCENIC GROUP

SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Traveler Name: _____

Reservation Number: _____

Tour Name: _____

Departure Date: _____

Please provide the following information:

1. Do you have a medical allergy? _____

If yes, please explain: _____

2. Do you any food allergies/sensitivities? _____

If yes, please explain: _____

3. Do you have a special diet or diet preferences (diabetic, gluten free, vegan, etc.)? _____

_____

4. What reaction may occur to the allergy/food sensitivity? _____

_____

5. What is the severity of the allergy/sensitivity? _____

6. Does the traveler carry an epi-pen for the allergy? _____

FORMS MUST BE COMPLETED AND RETURNED 120 DAYS PRIOR TO DEPARTURE

Please return this completed form to:
Mayflower Cruises & Tours
ATTENTION: International Operations
650 Warrenville Rd., Suite 500
Lisle, IL 60532
OR email the form to: **optionals@mayflowercruisesandtours.com**

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1-800-728-0724