



none: /15-453-4106 Fax: 715-346-2465

## **Adult Group Food Service Form**

Please return this form to Treehaven 2 weeks prior to your visit to ensure the highest quality of service.

Minimum group size is 20 individuals for Treehaven to provide food service. If your group is less than 20, please contact the Treehaven Office Manager at 715-453-4106, ext. 2438, as we may be able to pair your group with another small group.

Name of Group		Total Number in Group:
Contact Person:	Phone:	Email:
Any known foo	d allergies in group? Please list:	
Meal Preference De	initions:	
<ul> <li>Vegetaria</li> </ul>	n: Does not eat meat, poultry, game, fish, shellfish, o	or by-products of slaughter.

Vegan: Does not eat dairy products, eggs, or any other animal product.
 Gluten Free: Does not eat wheat, barley, rye, or hybrids of these grains.
 No Restrictions: Not designated as Vegetarian, Vegan, or Gluten Free.

ate	Breakfast	Lunch	Dinner
	# of Vegetarian:	# of Vegetarian:	# of Vegetarian:
	# of Vegan:	# of Vegan:	# of Vegan:
	# of Gluten Free:	# of Gluten Free:	# of Gluten Free:
	# of No Restrictions:	# of No Restrictions:	# of No Restrictions:
	Meal Time Preference:	Meal Time Preference:	Meal Time Preference:
	# of Vegetarian:	# of Vegetarian:	# of Vegetarian:
	# of Vegan:	# of Vegan:	# of Vegan:
	# of Gluten Free:	# of Gluten Free:	# of Gluten Free:
	# of No Restrictions:	# of No Restrictions:	# of No Restrictions:
	Meal Time Preference:	Meal Time Preference:	Meal Time Preference:
	# of Vegetarian:	# of Vegetarian:	# of Vegetarian:
	# of Vegan:	# of Vegan:	# of Vegan:
	# of Gluten Free:	# of Gluten Free:	# of Gluten Free:
	# of No Restrictions:	# of No Restrictions:	# of No Restrictions:
	Meal Time Preference:	Meal Time Preference:	Meal Time Preference:
	# of Vegetarian:	# of Vegetarian:	# of Vegetarian:
	# of Vegan:	# of Vegan:	# of Vegan:
	# of Gluten Free:	# of Gluten Free:	# of Gluten Free:
	# of No Restrictions:	# of No Restrictions:	# of No Restrictions:
	Meal Time Preference:	Meal Time Preference:	Meal Time Preference:
	# of Vegetarian:	# of Vegetarian:	# of Vegetarian:
	# of Vegan:	# of Vegan:	# of Vegan:
	# of Gluten Free:	# of Gluten Free:	# of Gluten Free:
	# of No Restrictions:	# of No Restrictions:	# of No Restrictions:
	Meal Time Preference:	Meal Time Preference:	Meal Time Preference:

**SNACK OPTIONS:** Snacks can be served in the morning, afternoon, or evening. Evening snacks are available only when dinner service is ordered. A minimum of 20 people are required for snack service at Treehaven. In the area below: indicate the date, circle the time, and snack choices. When holding meetings at Treehaven, coffee, tea, and tap water are included.

Snack Choices	Cost
Fruit bowl*	\$4.00/person
Vegetable tray*	\$4.00/person
Cheese, crackers, and sausage tray	\$4.00/person
Bakery assortment	\$4.00/person

<sup>\*</sup>Assortment will consist of items that are seasonally available.

Date	Time	Choice (check box)	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		□ Fruit bowl □ Vegetable Tray □ Cheese/Sausage Tray □ Bakery Assortment	
		☐ Fruit bowl ☐ Vegetable Tray ☐ Cheese/Sausage Tray ☐ Bakery Assortment	

W2540 Pickerel Creek Road, Tomahawk, WI 54487, or fax it to 715-346-2465. Thank you!

For all questions regarding meal options, dietary restrictions, or food allergies at Treehaven, please contact Treehaven Food Service Manager Canopy Verbist-Blaszke at 715-346-2432.

For Treehaven Staff Use Only:		
Date Contacted:		
Staff Initial:	Group Coordinator Signature	Date