

YOUR NAME :

ITEM :

NOTES (*what's in it, how to eat it, what to pair it with*)

CHECK, AS APPLICABLE :

- Gluten-free (no wheat, barley, rye, spelt, kamut, triticale, or products made from these ingredients)
- Vegan (no animal-derived products) Tree nut-free
- Peanut-free Egg-free Dairy-free
- Cane sugar-free Corn-free Soy-free
- Other:

OFFERS - *written as "Name/Item(s)"*

- 1.
- 2.
- 3.
- 4.
- 5.

USE BACK OF SHEET FOR ADDITIONAL OFFERS.

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