# Client Catering Preferences Form

**Company Name** Click or tap here to enter text. This profile is for: [ ]  Passenger [ ]  Crew Member

**Name** Click or tap here to enter text. **Role** Click or tap here to enter text.

**Birthday** Month / Day

**Any Known Allergies?** Click or tap here to enter text.

**Generally Likes:** Click or tap here to enter text.

**Generally Dislikes:**  Click or tap here to enter text.

**Preferences**

Beverages (include non-alcoholic, alcoholic beverages)

 Click or tap here to enter text.

Breakfast

Click or tap here to enter text.

Lunch

 Click or tap here to enter text.

Dinner

Click or tap here to enter text.

Snack

Click or tap here to enter text.

Desserts

Click or tap here to enter text.

**Notes**

Click or tap here to enter text.