

**Special Olympics Rhode Island  
Special Dietetic Requirement Request**

**Athlete Name:** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Meal Requested (puree, lactose, wheat allergy):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Expected Meal arrival time:** \_\_\_\_\_

**Meals needed for:**

**(Select all that apply)**

**Friday Dinner** \_\_\_\_\_ **Saturday Breakfast** \_\_\_\_\_

**Saturday Dinner** \_\_\_\_\_ **Sunday Breakfast** \_\_\_\_\_

**Coach or contact person:** \_\_\_\_\_

**Special instructions**

**\*\*\*Gluten-free lunches will also be available on Saturday at the team lunch pick-up area.**

**# of Gluten-free lunches needed** \_\_\_\_\_