

[Guest's Food Allergy Information Sheet]

Thank you for choosing Towada.

We kindly request your cooperation in providing us with information regarding your food allergies so that we can make necessary arrangements for your meals.

Please understand that we may not be able to receive your food allergy arrangement request depending on the details of your food restrictions.

Thank you for your understanding and cooperation.

*We adhere to a strict policy regarding the use and protection of your personal information, and it will not be used or disclosed for any other purposes.

| | |
|--|---|
| Check-in Date | _____ / _____ / _____ |
| Place | At the Restaurant |
| Guests' Number | Adult: Children: Small Children: Total: |
| Guest's Information (Reservation) | Name: Address |
| Contact | Tel: Emergency Contact: e-mail: |
| Information of the Guest with Food Allergy | Name: Age: |

Allergy Information

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| Allergens (Ingredients) |
| Allergy symptoms |
| Treatments for symptoms |
| Details of the ingredients and seasonings to be avoided |
| Acceptable ingredients, seasonings, and preparation methods based on the level of allergens present. (Please consult with us regarding wheat and soy contained in soy sauce.) *Ex) Extract and broth are OK. No, problem if it's cooked, etc. |

- 1) If you have any medicine-chest items or adrenaline autoinjector, please bring with you.
- 2) In some case, we cannot guarantee your request due to the extent of your allergies.
- 3) We will carefully cook the meals, however, please note that there is a possibility of some cross-contamination in the meals due to all of them being cooked in the same kitchen.
- 4) I agree with the information given above and the instructions 1), 2), and 3).

Date

Signature
