

## MEDICAL INFORMATION

This form is to have information about allergies, intolerances and preferences about food  
(after racing the organization will offer a light meal for all the participants)

NAME:	
MAIL:	
SAIL NUMBER:	

	NO	YES	WHICH:
ALLERGIES:			

	NO	YES	WHICH:
INTOLERANCES:			

	NO	YES
VEGAN:		
LACTOSE FREE:		
GLUTEN FREE:		

OTHER INFO:	
-------------	--

**SEND THIS FORM TO: [basenautica@nauticmasnou.com](mailto:basenautica@nauticmasnou.com)**