

Restaurant Referral Form

Dear Coeliac Society of Victoria,

I would like to refer the following restaurant as they offer several gluten free options across the menu and I had an enjoyable experience here.

Restaurant Details

Restaurant / Café Name: _____

Street Address: _____

Suburb/Town: _____ Postcode: _____

Phone: _____

Licensed: Yes / No

Cater for large groups: Yes / No

Opening Hours: _____

Other Comments: _____

Please mail this form to: Coeliac Society of Victoria
PO Box 89
Holmesglen Vic 3148

Or Fax: (03) 9808 9922