

BOOKING REQUEST FORM

I would like to book a festive meal for People.

Total Deposit Taken: £

Name:

Company Name: (if applicable)

Contact 'phone Number

E-mail Address:

Date Booking Required:

Time Required:

*(Complete & return this Form 30-Days before your meal, with £10 deposit per-person, *non-refundable (* unless cancelled No Less than 14-days prior to your meal)*

NAME	Mushroom	Pâté	Soup	Goat's Cheese		Turkey	Duck	Sea Bass	Cassoulet		Xmas Pudding	Cheesecake	Choc. Torte	Cheese Board

Please let us know of any special dietary or allergy requirements you may have when booking.