

**BOOKING REQUEST FORM FESTIVE SET LUNCH**

**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)*

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