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	Whitebait	Pâté	Soup			Turkey	Salmon	Duo Tarts			Xmas Pudding	Cheesecake			Mince Pies

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