

# Pre-Christmas Menu Order Form

## STARTER CHOICE

<b>No.</b>	<b>Menu Choice</b>	<b>Names (for reference attach list if necessary)</b>
<input type="checkbox"/>	Toffee Apple & Parsnip Soup	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Smoked Salmon & King Prawn Salad	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Goats Cheese and Caramelised Red Onion Vol-au-vent (v)	<input style="width: 100%;" type="text"/>

## MAIN COURSE CHOICE

<b>No.</b>	<b>Menu Choice</b>	<b>Names (for reference attach list if necessary)</b>
<input type="checkbox"/>	Roast Turkey	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Slow Roasted Pork Belly	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Salmon Fillet	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Vegetarian Nut Roast (v)	<input style="width: 100%;" type="text"/>

## DESSERT CHOICE

<b>No.</b>	<b>Menu Choice</b>	<b>Names (for reference attach list if necessary)</b>
<input type="checkbox"/>	Christmas Pudding	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Passion Fruit Delice	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	White Chocolate Pot	<input style="width: 100%;" type="text"/>

Name & time of table reservation:

Telephone Number:

E-mail Address:

Address:

Postcode:

Non Refundable deposit enclosed (£10 pp)

Please tick if you do not want to receive special offers & events