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| Charity Gala Christmas Dinner Booking Form |
| Name: |  |  Number of Tickets: |  |
|  |  |  |  |  |  |  |
| Payment Methods:  | Cheque |  | BACS |  | Debit/Credit Card  |  |  |
|  |
| Your Address: |  |
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| Post Code: |  |
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| Contact Telephone: |  |
|  |  |
| Contact Email Address: |  |
| Where did you hearabout this event: |  |

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| Menu Choices |
| **Table Group Name:**  |  |
|  |
| **Guest Name** | **Starter** | **Main** | **Dessert** |  |
| Celeriac Soup | Pork  | Salmon | Lamb | Turkey | Veggie Parcel | Christmas Pudding | Cheesecake | Lemon Meringue  | Special Dietary Requirements |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |