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| Charity Gala Christmas Dinner Booking Form | | | | | | | | | | | |
| Name: |  | | | | | | | Number of Tickets: | | |  |
|  | |  | |  |  |  |  | |  | | |
| Payment Methods: | | Cheque | |  | BACS |  | Debit/Credit Card | |  |  | |
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| Your Address: | | |  | | | | | | | | |
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| Post Code: | | |  | | | | | | | | |
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| Contact Telephone: | | |  | | | | | | | | |
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| Contact Email Address: | | |  | | | | | | | | |
| Where did you hear  about 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 |  | |  |  |  |  |  |  |  |  |  |  |
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| 4 |  | |  |  |  |  |  |  |  |  |  |  |
| 5 |  | |  |  |  |  |  |  |  |  |  |  |
| 6 |  | |  |  |  |  |  |  |  |  |  |  |
| 7 |  | |  |  |  |  |  |  |  |  |  |  |
| 8 |  | |  |  |  |  |  |  |  |  |  |  |
| 9 |  | |  |  |  |  |  |  |  |  |  |  |
| 10 |  | |  |  |  |  |  |  |  |  |  |  |