

NAME	DATE OF BOOKING	TIME OF BOOKING	NO. OF GUESTS
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CONTACT TELEPHONE	CONTACT EMAIL
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*Please complete this booking form and return to us via email or in person.
Please ensure the order is complete and correct as we will use this to plan the meal.*

GUEST NAME															TOTAL	
STARTER																
Cream of Veg. Soup (V)																
Smoked Salmon																
Smoked Duck																
MAIN COURSE																
Roast Turkey																
Roast Beef																
Brie & Cranberry Tart (V)																
DESSERT																
Christmas Pudding																
White Choc Roulade																
Strawberry Torte																

PLEASE INFORM US OF ANY DIETARY NEEDS OR ALLERGIES AS SOON AS POSSIBLE

**The Cheesewring Hotel > Tel 01579 362321
Email: thecheesewring@gmail.com**