

Christmas Menu Booking Form

Cavells Cafe Bar
CHRISTMAS MEALS

Contact name: _____ Contact number: _____ Email: _____
Date of party: _____ Party time: _____ No. of guests: _____

Please complete the booking form and return with a £10 per head deposit as confirmation of your reservation. **The deposit is non-refundable for cancellations made with less than 48 hours' notice before the booked meal.** Parties of up to 10 or more guests (extra guests may be added on a separate sheet).
Please write each guest's name, tick their menu choices and note any allergens or dietary requirements.



#	Guest name	STARTER			MAIN			DESSERT			Allergens / dietary needs	Notes
		Roasted Tomato & Basil Soup	Garlic Mushrooms	Seafood Cocktail	Oven-Baked Salmon Fillet	Roast Turkey Dinner	Carrot Wellington with Spiced Marmalade	Winter Crumble	Warm Chocolate Fondant	Cream-Filled Profiteroles		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Extras — please include the guest name or number, extra item and quantity:

General notes / special requests (high chairs, wheelchair access, celebrations, etc.):

Allergen notice: please tell us about any food allergies or intolerances when booking. Our dishes may contain or come into contact with allergens.

Deposit enclosed for _____ people at £10 per person £ _____ Deposit paid on: _____
Signed: _____ Received by: _____

Please return to: Cavells Cafe Bar | cavellscafebar@gmail.com | T: 01142490595