



GROUP FOOD ORDER FORM

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PLEASE FILL IN AND RETURN TO STAFF

OPTIONS

QUANTITY

TIME

DATE

BREAKFAST

_____ e.g. yes / no

PACKED LUNCH

_____ e.g. none / option A / option B

DINNER

_____ e.g. none / option A / B / C / D

DINNER MENU

Starter

_____ e.g. 1 / 2 / 3 / 4

Main

_____ e.g. 1 / 2 / 3 / 4 / 5

Dessert

_____ e.g. 1 / 2 / 3

NOTES

Special Diet

Requirements etc.:

PLEASE NOTE

Everyone in the Group must have the same Starter/Main/Dessert

If the group is more than 30 minutes late for Dinner the meal will be cancelled without a refund

Everybody in the group must have the same Starter/Main/Dessert

Meals have to be confirmed at least 2 weeks before arrival