



Name :

Tel :

No of people :

Address :

Date :

Time :

Please fill in and send back 2 days before your meal. Any allergy or dietary requirements must be noted. Please state how you would like your steaks cooked.

<u>Number</u>	<u>Name</u>	<u>Starter</u>	<u>Main</u>	<u>Side order</u>	<u>Dietary Requirements</u>
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