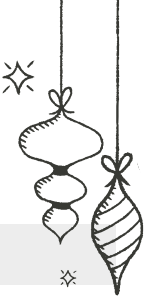


CHRISTMAS PRE-ORDER FORM



NAME
EMAIL
TEL.

DATE OF BOOKING
TIME OF BOOKING
NO. OF GUESTS

Please type or write in the table below the name of the guest, menu choices and any allergens they may have and return to us. Please confirm if any guests are children in the notes section.

GUEST NAME	STARTER	MAIN	DESSERT	ALLERGENS	NOTES

Please visit atlanticinnsilly.co.uk/christmas for our terms & conditions.

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