PRE ORDER FORM

NAME_____ DATE_____ TIME_____

For options (GF*) please mark box with * if you require them to be (GF)
Forms can be scanned and emailed to sleepersbevxmas@gmail.com

	STARTER					MAIN					DESSERT				
GUEST NAME	CHOWDER (GF*)	SALT & PEPPER SQUID	HAM HOCK TERRINE (GF*)	SPANAKOPITA (V)		TURKEY	CHICK STROG (GF)	CURRY (V) (GF*)	SALMON	FILLET (GF) HOW WOULD YOU LIKE IT COOKED?		ICE CREAM (V)	CHEESECAKE (V) (GF)	STRAWB TART (V)	PROFITEROLES (V)
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