Castle Inn
Christmas Party Booking Form 2009

Booking Name: _____ Date & Time: _____ Deposit: _____

Telephone Number: _____

| | Starter | | | | Main Meal | | | | | Sweet | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Name** | Soup | Tart | Mushrooms | Melon | Turkey | Pastry Parcel | Salmon | Lamb | Beef | Mousse | Cheesecake | Pudding | Bakewell Tart | Cheese & Biscuits |
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| **Totals** | | | | | | | | | | | | | | |

**Please enclose £10 deposit per head to confirm your booking. All booking forms to be returned at least 14 days before function.**