Selborne Arms Christmas Meal Order Form

Please return this form with your deposit no later than one week before your event.

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| --- | --- | --- | --- | --- |
| Party Name |   |   |   |   |
| Tel. No |   |   |   |   |
| Contact name |   |   |   |   |
| Date and time of meal |   |   |   |   |
| Number of people |   |   | Deposit amount |   |
|   |   |  |  |   |
| Name | Starter letter | Main course number | Dessert letter | Special Requirements |
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