Selborne Arms Christmas Meal Order Form

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

Meal Order Form

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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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