Name:	PhoneNo:					No. of guests:				Date of Meal:				Time of Meal:				
Total cost of meal:	Deposit Paid:						Balance due:				email:							
GUEST NAME	herrings	steak tartar	prawns	goal's thee's	, south ,	ausagesala	turkey	lamb	sea hass	curry,	oourgignor	baby yes	Winas pud	debe	tortes	citrontart	clcake	theese
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Please ensure you inform us about any guest allergens	cereals containing gluten	crustaceans	sõõe	fish (may contain bones)	peanuts	soy	nuts	celery	mustard	sesame seeds	sulphur dioxide	lupins	milk	molluscs	other	other	other	
Name:	1																	
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PLEASE ENSURE THAT ALL BOOKINGS & MEAL CHOICES ARE MADE ON THIS BOOKING FORM, NO OTHER WILL BE ACCEPTED