Reservation Date:

Your Name:

Number of People:

Contact Telephone or Email:

Please indicate choice by placing an X in the appropriate box along side each diner's name

	Starters				Mains				Desserts					Any Notes Allergies/Dietary Requirements
Diner's Name	**Soup**	**Salmon**	**Brie**	**Pate**	**Turkey**	**Beef**	**Salmon**	**Curry**	**Cheesecake**	**Sticky Toffee**	**Profiteroles**	**Posset**	**Xmas Pud**	
Totals														

Once completed please return to Sea Shanty Cafe either in person or attaching to an email to preorders@seashantycafe.co.uk