



# CHRISTMAS DAY BOOKING FORM



Please complete the details below and return to the Hotel alongside any due deposits to confirm your booking.

Booking Name and Time: .....

Telephone Number: .....

E-Mail Address: .....



Number of Adults: .....

Number of Children: .....

Names and Ages of Children: .....

Deposit Amount Due: .....

Please note that dietary requirements should be advised on your menu pre-order form rather than here.



## Office Use Only:

Deposit Received **Y / N** Date:

Final Balance Payment Received **Y / N** Date:

Menu Pre Order Received **Y / N**

