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| **Dates staying:** |  | **Age Range:**  |
| **Group Name:** |  |

**Catering Form – Friday-Monday**

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| **Day** | **Breakfast Numbers** | **Hot Lunch Numbers** | **Packed Lunch Numbers**Please Specify Collection Times | **Dinner****Numbers** |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Monday** |  |  |  |  |

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| Please list any additional requests for meals. |
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Please write in the number of people that will be present for each meal during your stay.

**Dietary Requirements**

In order to fully cater to your requirements, we would ask that you complete the below list of dietary requirements and **return this to us a minimum of 3 weeks before your stay.** Amendments can be made after this date, but this gives our chefs time to order in any specialist items or adjust the menu to suit your needs.

Only once we have received your completed catering form, can we confirm meal times and any additional requests.

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| **Name of Guest** | **Dietary Requirements/Allergies** |
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