MERCHANTS

FESTIVE PARTY

BOOKING FORM

ORGANISER & PARTY NAME: _____ **TIME:** _____

NO. OF GUESTS: _____ **DATE OF TABLE:** _____ **PHONE NO:** _____

NAME	STARTER	MAIN	DESSERT	DIETARY INFO

ADDITIONAL INFORMATION:

Please inform us if you or anybody in your party has a food allergy that we should be aware of

01237 472005 | reservations@royalhotel.co.uk