

Lin Catering

Tel 01252 409 370

Customer name:- _____

Address:- _____

Tel no:- _____

Booking for _____ people.

Date _____ Time _____

Buffet A

Buffet B

Buffet C

Buffet D

Formal Meal*

Finger Buffet
A, B, C or D

* If formal meal please choose and list below:-

Starter :- no. _____

no. _____

no. _____

no. _____

Main Course:- no. _____

no. _____

(Please state no. _____

no. _____

meat no. _____

no. _____

preference)

Vegetarian or nut allergies _____