**FOOD ALLERGIES and INTOLERANCES - Please s peak to our staff about the ingredients in your meal, when making your order. Thank you.**

Upon completion of this form please email to:  **cateringupminstermasonic@gmail.com,** Tel: **07525 253863**

***Mitchell Catering*** require a DRAFT of this form **SEVEN** days prior to the function, with FINAL numbers **48 hours** prior to meeting.

|  |
| --- |
| **BOOKING DETAILS** |
| Name of Lodge / Chapter / Social Function: | Enter Lodge / Chapter / Order / Social Function Name |
| Date of Lodge / Chapter / Social Function: | Enter Date of function |
| Contact Name Lodge / Chapter / Social Function: | Enter Contact Name |
| Contact Telephone Numbers: | Enter Telephone Number |
| Approx. Number of Diners: | Enter Number of Diners |
|  |
| **KEY MEETING TIMES** |
| Request for Bar Opening? | Select Yes or No | Approx. Time Required: | Enter Time Bar Opening Required |
| Tea / Coffee / Biscuits Required? | Select Yes or No | Approx. Time Required: | Enter Time Tea / Coffee Required |
| Start Time of your Meeting / Function: | Enter start time | Approx. Start Dining Time: | Enter Time Dining Required |
|  |
| **MENU REQUESTED** **(from Mitchell Catering menu effective from 1st December 2018)** |
| Soup / Starter Course: | Enter Your Choice of Soup or Starter |
| Fish Course: | Enter Your Choice of Fish Course |
| Main Course taken from: | Enter Menu Number  | Enter Your Choice of Main Course |
| Potatoes: | Enter Your Choice of Potatoes |
| Vegetables: | Enter Your Choice of Vegetables |
| Dessert: | Enter Your Choice of Dessert |
| Number of Cheese Platters - In lieu of Dessert: | Enter Number Required |  |
| Number of Cheese Platters Required: | Enter Number Required | 3 or 5 Cheese Platters? | Enter Type of Platter Required |
| Coffee after Dining? | Enter if Coffee is Required |  |
|  |
| **ANY SPECIAL DIETARY REQUIREMENTS** |
| Any Vegetarian Meals Required? | Enter any Meals Required | Requested Name of Dish: | Enter Name Here |
| Any Fish Meals Required? | Enter Any Meals Required | Requested Fish: | Enter Name Here |
| Any Other Requirements? Enter any additional information that you believe the Catering / Bar teams should be aware of |