



Contact Name:______ Number of people:_____

INN

Restaurant & Alehouse

. .

Contact phone No:_____ E-mail:_____

Soup Pate Turkey | Hake | Wheat Xmas ✓ Please select for each person for each course Lemon V/g/vg Bake g pudding Posset *(v)(g)(vg) g g Name: v/vg v/vg v/vg

Please note if * (v) = vegetarian; (g) = gluten free; (vg) = vegan (See menu for options)

Please return a copy of completed booking form at least one week in advance

to Michael at The George Inn or e-mail to landlord@thegeorgeonstonestreet.co.uk