

# 24

CAPODANNO

## NEW YEAR MENUS PRE-ORDER FORM

Please outline ALL details for your booking.

Booking Name:

No in Party:

Date:

Time:

Menu

Guest Name	STARTER	MAIN	DESSERT	Allergies/dietary requirements
e.g First Name	<i>Parmesan Soup</i>	<i>Duo of Beef</i>	<i>Almond parfait</i>	<i>Gluten Free</i>

Additional notes and requests (allergies, intolerances, gluten free etc.)