

BOOKING FORM

GROUP NAME:

CONTACT NO:

DATE:

TIME:

NO OF PEOPLE:

| NAME OR INITIALS OF GUEST | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------------------|------------------|---|---|---|---|---|---|---|---|----|
| | GELERIAC VELOUTE | | | | | | | | | |
| SOUFFLE | | | | | | | | | | |
| SALMON PARFAIT | | | | | | | | | | |
| ROAST TURKEY | | | | | | | | | | |
| POACHED SALMON | | | | | | | | | | |
| BEEF EN CROUTE | | | | | | | | | | |
| MUSHROOM TART | | | | | | | | | | |
| CRÈME BRULEE | | | | | | | | | | |
| CHRISTMAS PUD | | | | | | | | | | |
| TOFFEE APPLE CAKE | | | | | | | | | | |
| CHOCOLATE TORTE | | | | | | | | | | |

THE CHURCHILL ARMS

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CHRISTMAS MENU 2019