



PRE-ORDER FORM

Please fax to 08 8362 4422

Booking Date: _____ Booking Name: _____
Booking Time: _____ Business Name: _____
Serving Time: _____ No. of Guests: _____

Name	Meal	Price
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$

PLEASE NOTE:

- Availability of Pre-Order to be advised at time of booking.
- Pre-Order must be received by 11:00am on booking day.
- Confirmation of receipt of Pre-Order required by phone.
- Payment of Pre-Order in full is required prior to meals being served.
No separate bills.