

THE GALLEY CHRISTMAS PRE-ORDER FORM

NAME OF PARTY -

DATE | TIME -

CONTACT NUMBER -

EMAIL -



	Name	Starter	Main	Dessert	Dietary Requirement / Allergies	Deposit Paid?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

PLEASE EMAIL YOUR COMPLETED FORMS TO - INFO@THEGALLEYNEYLAND.CO.UK

