THE ROSE INN

Please fill in the table below to provide us with a pre-order for every member of your party. Please keep a record of this pre-order with you on the day to avoid any confusion when the food is being served.

Name:	
Address:	
	Postcode:
Telephone - Daytime:	Evening:
Reservation Date: Friday 25th December 2020	
Full payment required by Friday 18th December 2020	

NAME	STARTER	MAIN	DESSERT	GLUTEN FREE (✓)