@ ASHFIELD HOTEL

PH: 9716 4720
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BOOKING NAME: _____

CONTACT NUMBER: _____

TIME OF MEALS: _____

NAME	MENU ITEM	HOW COOKED	SAUCE	DIETARY REQUIREMENT
		R/MR/M/MW/WD	MUSHROOM/PEPPER	EG: NO BUTTER

TERMS AND CONDITIONS: WE WILL ENDEVOUR TO HAVE THE MEALS READY BY THE ALCOCATED TIME. PLEASE FAX OR EMAIL PREORDER DAY OF BOOKING IF ANY CHANGES ARE TO BE MADE PLEASE SEND VIA EMAIL. PLEASE MAKE SURE ALL GUESTS ARE AWARE OF THE BOOKING TIME AS WE DON'T WISH THE FOOD QUALITY TO DIMINISH.