



Name:		Addre	Address:		
Phone:					
Email:					
ORDER DETAILS:					
GUEST NAME	STARTER	MAIN	DESSERT	ALLERGENS	
	,		1		
Number in party:		Book	ing Date:	Time:	

ALL ORDERS MUST BE SUBMITTED NO LATER THAN 3 DAYS BEFORE ARRIVAL

£10 PP NON REFUNDABLE DEPOSIT REQUIRED AT TIME OF BOOKING

IF YOU HAVE ANY ALLERGENS, PLEASE LIST THEM ON THE FORM.

Completed forms to be handed in person or via email: hello@goldenlionbrixham.com

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