



THE OLD BOATHOUSE

GASTRO PUB

Group Pre Order Form

Party Name _____

Event Date _____

Sign _____

Date _____

| | Dish | Quantity | Dish Price | Total Cost |
|-------------|------|----------|------------|------------|
| 1st starter | | | | |
| 2nd starter | | | | |
| 3rd starter | | | | |
| 1st main | | | | |
| 2nd main | | | | |
| 3rd main | | | | |
| 1st dessert | | | | |
| 2nd dessert | | | | |
| 3rd dessert | | | | |
| Total cost | | | | |

Please ensure you choose at least one vegetarian option for each course

Wine, drinks, coffee:

Dietary requirements and special requests: