# THE SARACENS PRE ORDER

DATE OF BOOKING _____

TIME OF BOOKING _____

TIME meals to be served _____

CONTACT DETAILS _____

PLEASE ASSIST US BY RETURNING YOUR PREORDER FORM NO LATER THAN 10.30am THE DAY OF YOUR BOOKING. FAX TO: 8232 6969

PLEASE NOTE ALL MEALS ORDERED ARE TO BE PAID FOR BY THE HOSTEE ON THE DAY OF THE BOOKING, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

| NAME | DESCRIPTION | SAUCES | COST |
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