

BOOKING FORM: CHRISTMAS LUNCH 2015

Please reserve me _____ adult meals and _____ children's meals at the **Christmas Lunch on Sunday 6th December** at The Boathouse, Ormesby St Michael.

Price is (£26 per adult/£7.50 for a child's meal). I enclose a cheque made payable to Norfolk & Norwich Coeliac Group for £_____. Please send cheque payable to *Norfolk & Norwich Coeliac Group* and completed booking form to Robin Wright at 6, Seafields Drive, Hopton, Great Yarmouth NR31 9TS.

If you'd prefer to pay electronically please email Robin @ nccoeliac@gmail.com indicating number of people & menu choices and Robin will reply with the bank details and reference for you to use.

*Arrive from 12 noon; lunch served at 1pm. **SECRET SANTA: please remember to bring a secret santa wrapped gift, valued at approx. £5, please bring a gift suitable for a man if you are male and suitable for a woman if you are female. Children's gifts are from Santa and are included in the price.***

Please indicate menu choices below, all elements are gluten free, "(D)" denotes dairy free/dairy free adaptable. Price includes tea & coffee after the meal. *[Kid's meal will comprise a Roast Turkey main followed by Ice Cream].*

STARTERS

Roast Tomato & Basil Soup with Stilton Croutons (D) _____ **Qty**
Smoked Chicken with Juniper Berry & Terrine on Toasted Bread _____
North Atlantic Prawn & Crab Tian with Pickled Cucumber (D) _____

MAINS

Roast Turkey with Sage & Onion Stuffing, Pigs in Blankets, Roast Potatoes & Seasonal Greens (D) _____ **Qty**
Grilled Salmon Fillet with Lemon & Dill, Brown Shrimp & Tomato Dressing _____
Roasted Vegetable Gateau with Sweet Red Pepper Dressing, Baby New Potatoes, Broccoli & Carrots (D) _____

DESSERTS

Christmas Pudding with Vanilla Crème Anglaise _____ **Qty**
Crème Brulee with Mixed Berry Compote & Walnut Biscuit _____
Selection of Cheeses _____
Meringue Nest with Sorbet & Seasonal Fruits (D) _____

Please provide your name and contact details so we can confirm your booking:-

NAME: _____ TELE: _____

E-MAIL ADDRESS: _____

Closing date Friday 20th November 2015 Contact nccoeliac@gmail.com or phone 01603 504122 with any queries/issues

BOOKING FORM: SCOTTISH COUNTRY DANCING & HAGGIS SUPPER

Please reserve me _____ places at the **SCOTTISH COUNTRY DANCING & HAGGIS SUPPER EVENING on Saturday 30th January 2016 at 7pm** Chapelbreak Community Centre, Bowthorpe, Norwich

Price is (£21 per person, 2 courses, dancing & a wee dram!). I enclose a cheque made payable to Norfolk & Norwich Coeliac Group for £_____. Please send cheque payable to *Norfolk & Norwich Coeliac Group* and completed booking form to Robin Wright at 6, Seafields Drive, Hopton, Great Yarmouth NR31 9TS.

If you'd prefer to pay electronically please email Robin @ nccoeliac@gmail.com indicating number of people and Robin will reply with the bank details and reference for you to use.

WEARING OF TARTAN IS ENCOURAGED!

Please provide your name and contact details so we can confirm your booking:-

NAME: _____ TELE: _____

E-MAIL ADDRESS: _____

Closing date Friday 15th January 2016 but hurry as places will be limited. Contact nccoeliac@gmail.com or phone 01603 504122 with any queries/issues