THE Charcoal Grill RESTAURANT

BOOKING FORM

Name	No. of persons	Choice of Starter
Address		
Tel		
Day & Date		
Time		
N° in Party		
Deposit Paid		

No. of persons	Choice of Main Course	If steak, how cooked?	Pots	Special Requests eg extra mushrooms, onion rings etc

Please note sweet orders will be taken at the end of the main meal

Booking confirmed by:	Date: