Party /Company Name:	Organiser's Name	Tel:
		Mobile (if different):
Date of Party:	Confirmed numbers in party:	Arrival time: Preferred Eating Time:
Special Requests: (These can't be guaranteed)		Are there any attendees with limited mobility/wheelchair needs/access issues? YES/NO
2 and 3 Course Menus		Tel: 01935 864000 Email: enquiries@thenewinnwestcoker.com

	Starter				Main					Dessert					
Key: V = Vegetarian VE = Vegan D = Without Dairy G = Without Gluten * = On Request **Name:**	**Root Veg Soup (V,VE,GF*,D*)**	**Prawn & Salmon Cocktail (D, GF)**	**Hispi Cabbage (GF, D, V, VE)**	**Ham Hock Terrine (GF)**	**Turkey (G*)**	**Topside of Beef (G*,D*)**	**Chestnut, Mushroom Loaf (V, VE)**	**Butternut Squash Risotto (GF, D, V, VE)**	**Pan Fried Seabass (GF)**	**Christmas Pudding (V,VE*,GF*,D*)**	**Mousse (GF*)**	**Vegan Vanilla Panna Cotta (V, VE,GF*,D*)**	**Lemon Tart (V)**	**Ice Cream/ Sorbets (VE*)**	**Notes** (e.g. food allergens/intolerances/dietary requirements:
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