



**Nore Gala Night 2018**



Guest Details			Dietary Requirements		
Title	First Name	Surname	Vegiterian	Gluten Free	Food Allergies
Bro	Fred	Example		✓	



**Total number of Guests:** \_\_\_\_\_  
**Total amount of deposit paid: £** \_\_\_\_\_ (50% per guest is required to secure booking)  
**Method of Payment:** \*Cheque. / Cash. / Other  
**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Cheques made payable to Nore lodge