



Festive Menu & Bar Booking Form

Group Name:

Date:

No. of Guests

Time:

Starter

- | | |
|----------|------------|
| 1) | Nos) |
| 2) | Nos)..... |
| 3)..... | Nos)..... |
| 4)..... | Nos)..... |

Main Course

- | | |
|----------|------------|
| 1) | Nos) |
| 2) | Nos) |
| 3)..... | Nos) |
| 4)..... | Nos)..... |
| 5)..... | Nos)..... |

Dessert

- | | |
|----------|------------|
| 1) | Nos) |
| 2) | Nos) |
| 3)..... | Nos)..... |
| 4)..... | Nos)..... |

Special Medical Dietary Requirements:-

Bar opening times:

Wines with the meal:

Whalley Abbey
The Sands
Whalley
Clitheroe
BB7 9SS

Tel: 01254 828400
email: office@whalleyabbey.org