       

Christmas Meal Pre-order Form

Name: .......................................................

Email address: ..........................................

 Total number of guests: .............................

Contact number: ........................................

Booking date: ...........................................

**If a member of your party has an allergen, please contact us for more information on which dishes will be suitable. Please also highlight their allergen next to their name.**

soup

crumpet

terrine

suet pudding

brandy sauce

baba

|  |  |  |  |
| --- | --- | --- | --- |
|  | Starter | Main | Dessert |
| Guest name | Pumpkin soup | Smoked haddock terrine | Poached egg Florentine | Whipped feta | Roast turkey | Fillet and belly of pork | Pan fried salmon | Mushroom Bourguignon | Christmas pudding | Passion fruit delice | Chocolate tart |
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| Total |  |  |  |  |  |  |  |  |  |  |  |

Pre-orders are to be received no later than Friday 7th November via email or post.



T: **0114 260 2060** E: **thesilverplate@sheffcol.ac.uk**

**The Silver Plate Restaurant, The Sheffield College, Granville Road, Sheffield, S2 2RL**

**Lunch bookings -** Please arrive between 12:00pm – 12:30pm