Verona Kitchen And Bar Pre Order Form.

Name On Booking…….
Booking Date ……/……../……...
Booking Time …..:.....
Number Of Guests ……..
Special Ocasion ……

ANY MEMBERS OF THE PARTY HAVE ANY ALERGENS/DIET NEEDS YES/NO.

If yes please clearly comment in the notes box for that guest and also let your server know at your table.

NAME	STARTERS	MAINS	DESSERT	NOTES

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