**Burns Night 2025 Booking Form**

**Lead Name for Table Booking:**

**Number of Guests (Max 10 per table but tables can be close to each other):**

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| --- | --- | --- | --- |
| **Name of Guests** | **Starter** | **Main Course** | **Dietary Requirements** |
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Please see next page for payment information

**Payment Method – PLEASE CONFIRM WHO PAYMENT IS FOR FROM YOUR PARTY SO WE CAN ENSURE ALL PAID**

If via Bank Transfer:

**HSBC Bank**

**Account Name:  Gerrards Cross Community Association**

**Account Number: 40375330**

**Sort Code:  40-22-05**

\*\*Please quote your name and Burns night as reference\*\*

**Or Credit card via the office**