

Walkers Arms Pre-Order Form



ALL PRE-ORDERS MUST BE FAXED AND RECEIVED BY 11:00 AM
BOOKINGS 15+ PEOPLE MUST PAY AS A LUMP SUM ON ARRIVAL

Name: _____ Booking Date: _____
Booking Time: _____ Food Arrival Time: _____
Contact No: _____

| NAME | FOOD ITEM | PRICE |
|------|-----------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

WALKERS ARMS HOTEL – 36 NORTH EAST ROAD WALKERVILLE SA 5081

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