



PRE-ORDER FORM

BOOKING DATE: _____

BOOKING NAME: _____

BOOKING TIME: _____

NO. OF GUESTS: _____

SERVING TIME: _____

	NAME	MEAL	PRICE
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$

PLEASE NOTE:

- PLEASE PHONE IN ADVANCE TO BOOK A TABLE AND REQUEST THE ABILITY TO PRE-ORDER.
- PRE-ORDER TO BE RECEIVED BY 10.30AM FOR LUNCH, BY FAX ON 8232 0071 OR EMAIL ENQUIRIES@ROBROYHOTEL.COM.AU ONLY.
- CONFIRMATION OF RECEIPT OF PRE-ORDER REQUIRED BY PHONE.
- PAYMENT OF PRE-ORDER IN FULL IN ONE AMOUNT IS REQUIRED PRIOR TO MEALS BEING SERVED.
- NO SEPARATE BILLS.

106 HALIFAX STREET PHONE: 08 8223 5391 FAX: 08 8232 0071

EMAIL: ENQUIRIES@ROBROYHOTEL.COM.AU WEB: WWW.ROBROYHOTEL.COM.AU