

# Roussillon

RESTAURANT  
16 St. Barnabas Street  
London SW1W 8PB  
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## PRIVATE PARTY BOOKING FORM

Date of Booking.....Lunch/Dinner (please circle)

Name of Host.....Number of guests;.....

Name of Company (if appropriate).....

Organiser Name (If applicable).....

### Address

.....  
.....  
.....

### Contact Details

#### Host

Tel No:.....

Fax No:.....

e-mail.....

#### Organiser

Tel No.....

Fax No.....

e-mail.....

### MENU TITLE

If you would like the menu to be printed with any text to celebrate or identify your party, please set it out below

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**ARRIVAL TIME (please circle preference)**

**Lunch**            **12.00 for 12.30 pm**            **1.00 for 1.30pm**

**Dinner**            **7.00 for 7.30 pm**            **8.30 for 9.00pm**

**MENU CHOICE**

**Please select a menu for your guests from the attached list of dishes and enter below according to the number of courses you would like**

**1st Course.....**

**2<sup>nd</sup> Course.....**

**3<sup>rd</sup> Course.....**

**Dessert.....**

**Cheese Plate      Y/N      Before/After dessert (please circle)**

**Alternatively you may select for your guests our**

**Seasonal Tasting Menu or Garden Menu      (please circle)**

**Please indicate if you think any of your guests may have special dietary requirements      Y/N**

**RECEPTION**

**Champagne      Y/N      Type & No.....**

**Wine      Y/N      Type & No**

**Spirits      Y/N      Any restrictions?.....**

**Canapes      Y/N      (Please circle choice of canapés and numbers on attached list)**

**WINE ORDER**

**If you if you would like our Sommelier to contact you in order to suggest wines to go with your menu choice, please tick here**

Alternatively, if you would like to order your own wine selection, please indicate what you would like served with each course, together with an estimate of the number of each required per course.

1st Course.....

2<sup>nd</sup> Course.....

3<sup>rd</sup> Course.....

Dessert.....

Cheese Plate

Digestif order taken            Y/N    Any restrictions?.....

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**DEPOSIT, PAYMENT and CANCELLATION**

We require a deposit of one half of the total food cost to be paid to confirm your booking. By completing and signing this form you accept that, in consideration of the reservation of the Private Room for your exclusive use on the above date, in the event that

- i.        you do not fulfil your reservation and
  - ii.       we are subsequently unable to replace your booking by another booking
- we are entitled to retain your deposit.

On completion of this form we will contact you to arrange for the payment of the deposit and to confirm details as to the person responsible for payment of the bill at the conclusion of your party.

All bills must be paid in full prior to leaving the restaurant, unless other arrangements have been agreed in advance.

I agree to the terms set out above

Signed.....Position.....

Please print name..... Date.....

*For Office use only*

<i>Office</i>	<i>Date</i>		
<i>Kitchen</i>	<i>Date</i>		
<i>Restaurant</i>	<i>Date</i>		
<i>Sommelier</i>	<i>Contacted</i>	<i>Order taken</i>	<i>Stock checked.....</i>
<i>1st Course.....</i>	<i>2<sup>nd</sup> Course.....</i>		
<i>3<sup>rd</sup> Course.....</i>	<i>Dessert.....</i>		
<i>Cheese Plate.....</i>	<i>Digestif order taken</i>	<i>Y/N</i>	<i>Restrictions?.....</i>