

Sotto's Preorder Form

Name:

Tel:

Address:

Number of guests:

Date:

Time:

Please fill in and send back 2 days before your meal. Any allergy or dietary requirements must be noted.

Please state how you would like your steak cooked.

Number	Name	Starter	Main	Dessert	Side Order	Dietary Requirements
1						
2						
3						
4						
5						
6						
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