## **GROUP BOOKING FOR FORMAL HALL**

Date 8	ዪ Hall ነ	you wis	h to	attend

	Bate, monen, year
TUESDAY	
FRIDAY	

Date/Month/year

I,		wish to	make a group booking for formal hall on the	е
above dat	te, for the		(Club/Society/birthday)	
My conta	ct No. / Email address is:			
I understa	and that I must not exceed the maximum	numbers of gue	ests.	
Tuesd	ay Hall Maximum group size is 36 people	e, members or no	on-members, including yourself.	
<b>Frida</b> y		including yours	rself, and the ratio of guests to Robinson memb	ers of 3:1
	nd the menu and require the following sponthe list of attendees. My wine order i		d below to be provided and have <b>indicated the r</b> o	ecipient
Total no.	of people in group includi	ng invited non j	junior members i.e. Fellows etc.	
SPECIAL	DIETS/WINE PRE-ORDER		Names of any Fellows, DOS/ Superattending	ervisors
V	Vegetarian			
VF	Vegetarian who eats fish			
<b>C</b> F	Cluber free			1

V	Vegetarian		
VF	Vegetarian who eats fish		
GF	Gluten free		
VG	Vegan		
NA	Nut Allergy		
DA	Dairy Free		
SA	Seafood Allergy		
AF	Alcohol Free		
SD	Other special dietary requirement please contact Gary, the Head Chef directly on 39132 or email gid29@cam.ac.uk or the Catering Office 39119		

(Please note Kosher food cannot be provided within the cost of formal hall)

## **GROUP BOOKING AGREEMENT**

- I have read and understood the terms for group bookings on the website. I understand that is my responsible for ensuring that:
- My guests behave in way that causes no disruption to other diners or serving staff.
- I will responsible for meeting any penalties that may be imposed for damage, disruption or any other offence caused by my guests.
- The attendees of my booking do not represent any group which many cause controversy, or promote extreme views or intolerance of the views of others.
- I also understand that it is my responsibility to ensure all Robinson members wear gowns to Hall.
- I agree to not reduce. Increase this booking in any way without notifying the Catering Office. And to have the required funds in my meal account by the **REQUIRED PAYMENT DATE OF:**

Signed	
Please list all intended attendees on the next page together with their Colleges and diets	

	Name (Please PRINT)	College (If applicable)	Diet indicated above ✓	
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2				R I
3				D
4				A Y
5				&
6				
7				Т
8				U
9				E S
10				D
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20 21 22				U E S D
20 21 22 23				U E S
20 21 22 23 24				U E S D A Y
20 21 22 23 24 25				U E S D A Y O N
20 21 22 23 24 25 26				U E S D A Y
20 21 22 23 24 25 26 27				U E S D A Y O N L
20 21 22 23 24 25 26 27 28				U E S D A Y O N L
20 21 22 23 24 25 26 27 28 29				U E S D A Y O N L
20 21 22 23 24 25 26 27 28 29 30				U E S D A Y O N L
20 21 22 23 24 25 26 27 28 29 30 31				U E S D A Y O N L
20 21 22 23 24 25 26 27 28 29 30 31				U E S D A Y O N L
20 21 22 23 24 25 26 27 28 29 30 31 32 33				U E S D A Y O N L