



The Bended Elbow
Pre-Order Form
Ph: 0260236266 Fax: 0260236255



Booking Name: _____ Serve Time: _____ Date: _____

Contact Phone Number: _____ ROOFTOP BAR TAVERN LANEWAY
(please circle where you wish to eat)

One Payment or Paying individually (please circle payment option)

Please note that we do not split bills for groups larger than 10 patrons.
If you would like to organize individual payments, please contact management prior to arrival.

To ensure meals are ready when requested please have your order faxed by 11.30am Please book your table prior to faxing pre-order request Once pre order is faxed please call us to ensure it was received.

	Name	Your Meal Choices	Cost
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

If ordering steak, please ensure you include how you like it :
Steak – well done, medium, medium rare, rare and what sauce you like.

Extra Notes:
