Santa Pod Racers Club

Invite you to the
SPRC DINNER DANCE TROPHY PRESENTATION EVENING
To be held at
STAVERTON PARK HOTEL, DAVENTRY, NORTHANTS
On Saturday, 2 February 2019
Pre-Dinner Drinks 5.00pm
Trophy Presentation starts at 6.00pm PROMPT
Dinner at 6.45pm

Anyone attending the Dinner Dance and requires accommodation please contact the Staverton Park Hotel on 01327 220676 (Fax: 01327 310283) and ask for ‘Reservations’ giving Booking Ref. SANT020219. Room prices are, incl. breakfast, £79 for single, £89 for either double or twin. YOU ARE RESPONSIBLE FOR BOOKING YOUR OWN HOTEL ARRANGEMENTS.

---------------Please keep top half of this page and post back bottom half-----------------

MENU

You have a choice of between two items per course from the Menu provided below. Please ensure you complete the form correctly, i.e. if 2 people request the same starter for instance, then please put ‘2’ in the relevant box and so on.

**THIS SECTION MUST BE COMPLETED:**

TRIO OF MELON PEARLS, MALIBU SYRUP, AND TOASTED COCONUT

OR

SPINACH AND POTATO SOUP, SALT AND PEPPER CROUTONS

CUMBERLAND SAUSAGE CURL, CREAMED POTATOES, RED ONION GRAVY, BATTERED ONION RINGS

OR

CHICKEN BREAST, GRATIN POTATOES, DUO OF GREENS, SUNDRIED TOMATO CREAM

MEDITERRANEAN VEGETABLE LASAGNE, GARLIC BUTTER SLICES, GREEN SALAD

OR

MUSHROOM AND LEAK RISOTTO, MIXED GARDEN SALAD

DOUBLE CHOCOLATE GATEAUX, CLOTTED CREAM AND MIXED BERRIES

OR

TANGY LEMON TART, LIME CREAM

COFFEE/TEA & MINTS

Ticket Price: £37.50 each (Children 12 & under £20/ticket, please choose starter; main course is chicken nuggets and chips; dessert - ice cream) Cheques payable to SPRC, send application to: Yvonne Tramm, 29 West Drive, Highfields Caldecote, Cambridge CB23 7NY. (Email: trammyd5@gmail.com)

Name: _______________________________________________ E-mail: __________________________

Address: ______________________________________________________________________________

Postcode: ________________ Tel (Work): ___________________ (Home or Mobile): ___________________

No. of Tickets required: ____________________ Amount enclosed: __________________________________

Please state who you wish to be seated with and we will endeavour to arrange for you:

Card Number _______________________________ Expiry Date _______________________________

Card to be used: Visa/Visa Debit/MasterCard (unfortunately we cannot accept American Express cards)

Last 3 digits on reverse of card** ________________ (** must be completed)

If paying by Switch card please advise Issue No. ___________ And/or Valid from and Valid to dates ________