

Spring Lunch

East Kent College, Ramsgate Road, Broadstairs, CT10 1PN



Saturday 12th April at Noon 3 Course Meal £12.

Guest Speaker **Sara Jane Murray**
On Current Research into a cure for MND
Menu and booking information on reverse



East Kent Group
Persons living with MND and carers are
invited as our guests, without charge.

Registered Charity 294354 email webmaster@mnda-eastkent.org.uk web www.mnda-eastkent.org.uk

SPRING LUNCH - BOOKING FORM must be received by Sat 5th April

Booking Name _____
 Address _____

 Phone number _____
 Email _____

Guest names 1 _____ 2 _____
 Including 3 _____ 4 _____
 Booking 5 _____ 6 _____
 Name above 7 _____ 8 _____

Please mark wheelchair user (W)

Number of Guests Living with MND and Carers _____ @ £ 0.00 £ 0.00
 Other Guests _____ @ £12.00 £ _____
 Total Payable £ _____

Menu	Guest Number								Example	
	1	2	3	4	5	6	7	8		
Starters										
Slow Roast Tomato Salad with Parma Ham	___	___	___	___	___	___	___	___	___	/
Tempura of Salmon with Thai Herb Salad	___	___	___	___	___	___	___	___	___	___
Green Pea Soup with Pesto	___	___	___	___	___	___	___	___	___	___
Mains										
Cod, Chips and Mushy Peas	___	___	___	___	___	___	___	___	___	___
Pot Roast Chicken with Chasseur Sauce	___	___	___	___	___	___	___	___	___	/
Char Grilled Mediterranean Vegetables	___	___	___	___	___	___	___	___	___	___
Desserts										
Chocolate Brownie with Baileys Cream	___	___	___	___	___	___	___	___	___	___
Orange & Cardamom Tart	___	___	___	___	___	___	___	___	___	___
Fresh Fruit Salad	___	___	___	___	___	___	___	___	___	/

Please tick the menu for each guest - see example column.

Please advise any special dietary requirements eg Nut allergy, Liquidised, etc

Guest Name _____ Special Need _____
 Guest Name _____ Special Need _____
 Guest Name _____ Special Need _____

Bookings by post with cheque, to MNDA East Kent, c/o 171 Percy Ave.

Broadstairs, CT10 3LE

Cheques to be made payable to MNDA East Kent