



Name *

First Name Last Name

Email *

example@example.com

Phone Number *

Please enter a valid phone number.

Number of Adults *

Number of Children *

Time of Collection (Between 12pm - 3pm) *

Hour Minutes

Credit Card Number *

Credit Card Expiry *

Credit Card Security Code *

3 Digits located on the back of your card.

Please select the number of dishes you require by filling out the box below each option. If you do not require a certain dish, please put '0' in the field.

Smoked Salmon and Clogherhead Crab, Ponzu, Pickled Seaweed *

Starter

Foie Gras Terrine, Preserved Fruits & Organic Vegetables, Minus 8 Verjus *

Starter

Feighcullen Bronze Turkey & Ham, Thyme Sauce *

Main Course

Wicklow Gap Venison, Pepper Sauce *

Main Course

Home Made Christmas Pudding, Crème Anglaise *

Dessert

Paris Brest (Choux Pastry with Praline Cream) *

Dessert

Childrens Menu *

Please indicate the number of childrens meals you require

Please download this form from our website. Open this form and fill it out. Save the edited form to your desktop (computer) or to your files on mobile. *To save to your desktop, see the 'download' button at the top right hand corner of your screen.* Return the completed form via email to olivier@dax.ie