

CHRISTMAS PARTY ENQUIRY FORM

Name:
Phone Number:
Email address:
Company:
<i>Please tick all which apply:</i> <input type="checkbox"/> Restaurant Table Lunch <input type="checkbox"/> Restaurant Table Dinner <input type="checkbox"/> Private Dining Lunch <input type="checkbox"/> Private Dining Dinner <input type="checkbox"/> Drinks Party Day <input type="checkbox"/> Drinks Party Evening <input type="checkbox"/> Other
Expected numbers:
Preferred date(s):

Please return this form to a member of staff and one of the events team will be in touch as soon as possible

————— THE GUN —————

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