MOLD TOWN COUNCIL CYNGOR TREF YR WYDDGRUG



www.moldtowncouncil.org.uk

THE TOWN MAYOR AND MAYOR'S CONSORT

Councillor Bob Gaffey and Councillor Yvon Jones

Extend a warm invitation for you to attend the

MAYOR'S ST DWYNWEN'S DAY CHARITY DINNER DANCE AND AUCTION

To be held at Clwyd Room, Theatr Clwyd, Raikes Lane, Mold CH7 1YA

On Friday 2nd February 2018

Drinks Reception: 6.45pm

Licensed Bar: until 12.00am

Dinner: 7.30pm

Carriages: 12.15am

Dress Code: Dinner Jacket/Dark Lounge Suit

Tables of up to 10 available

Tickets are £35.00 each which will include:

Drinks Reception

Four course meal

Sponsored Charity Auction and Raffle with excellent prizes Live entertainment and dancing

The menu is provided overleaf.

Please obtain your tickets early to avoid disappointment as we are limited to permitted numbers.

R.S.V.P. by 19th January 2018 on the slip provided

All proceeds in aid of the Mayor's Fundraising Appeal in support of the Bailey Hill project Clwyd Room, Theatr Clwyd, Raikes Lane, Mold CH7 1YA

Friday 2nd February 2018 at 6.45pm

Starters

Ham Hock Terrine with chutney

Carrot & Coriander Soup (V)

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Mains

Pork Medallions served with peppercorn sauce

**Oven Roasted Salmon** 

Mushroom Risotto (V)

All served with new potatoes and seasonal vegetables

Desserts

Strawberry Shortcake & Mascarpone Cream Stack

**Glazed Lemon Tart** 

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Freshly brewed Tea & Coffee

## MAYOR OF MOLD'S CHARITY DINNER DANCE CONFIRMATION OF ATTENDANCE

| I would like tickets for the Mayor's Charity Dinner Dance and Auction, on <b>Friday 2nd February 2018,</b> arrival 6.45pm. (tables of up to 10)<br>Amount payable £ Cash $\square$ Payment made by cheque $\square$ or bank transfer $\square$<br>cheque payable to "Mold Town Council' or bacs payment Sort Code 40 33 10 Account Number 21008579 account name Mold Town Council. |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
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| Additional dietary requirements* *Please identify against the person's name below.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| Main contact name:                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
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| If representing Town/Community Council or other Organisation please provide details :                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>R.S.V.P. by 19<sup>th</sup> January 2018</b> by post to Mold Town Council, Town Hall, Earl Road, Mold, Flintshire, CH7 1AB or email supportofficer@moldtowncouncil.org.uk                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| Please PRINT names of attendees for seating plan and your menu choices:                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |
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