

**Ikla tal-Milied u tal-Ewwel tas-Sena, 4 ta' Jannar, 2025, 7:45pm**  
**The Victoria Hotel, Sliema**

**Menu – Gluten Free**

**Starters**

1. Gluten free pasta with homemade basil pesto, parmesan shavings
2. Carrot cream soup finished with honey and coriander, gf bread

**Main Course**

1. Grilled swordfish brushed with black olive tapenade, zucchini and clam risotto, grilled vegetables, aubergine crisp and caper berry salsa
2. Supreme of chicken with a mushroom mousseline garlic mashed potatoes, thyme vegetables and cider jus

**Dessert**

- Gluten free Cake

**Beverages**

- Coffee, ½ wine and ½ water

**Children's Menu**

1. Gluten free pasta with homemade basil pesto, parmesan shavings
2. Chicken breast, French fries

**Dessert**

- Gluten free Cake

**Beverage**

- Soft drink

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**Jekk jogħġbok, avżana jekk għandek bżonn ta' xi dieta partikolari oħra**

*(Please indicate any other dietary requirements other than those shown)*

## Formola biex tibbukja (Booking Form)

**Ikla tal-Milied u tal-Ewwel tas-Sena, 4 ta' Jannar, 2025, 7:45pm**

**The Victoria Hotel, Sliema**

Isem tas-Coeliac li qed tibbukja/jibbukja: \_\_\_\_\_  
*(Name of Coeliac making booking):*

Numru tas-sħubija/ID Card: \_\_\_\_\_  
*(Membership or ID card number):*

Ismijiet tal-persuni li se jattendu: \_\_\_\_\_  
*(Names of persons attending):*

Ma' min tixtieq toqgħod: \_\_\_\_\_  
*(Sharing a table with):*

### Għażla tal-ikel (immarka x'tixtieq)

### Food choices (insert your choices)

	Menu għall-adulti				Menu għat-tfal	
	Starter		Main		Main	
	1	2	1	2	1	2
<b>Isem (Name)</b>						

### Rendikont

*(Summary)*

Numru ta' adulti: \_\_\_\_\_ @ €44.50 = € \_\_\_\_\_  
*(Number of adults):*

Numru ta' tfal bejn il-5 u l-11-il-sena: \_\_\_\_\_ @ €15.00 = € \_\_\_\_\_  
*(Number of children between 5 and 11 years):*

Numru ta' tfal taħt il-5 snin: \_\_\_\_\_ Free  
*(Number of children under 5 years):*

Total li jrid jithallas: € \_\_\_\_\_  
*(biċ-ċekk meħmuż/trasferiment bankarju)*

*Total amount due:*  
*(with cheque attached/copy of bank transfer):*

\_\_\_\_\_  
**Firma**  
*(Signature)*

**Din il-formola, flimkien mal-ħlas dovut trid tasal għand:**

**Coeliac Association - Malta**, PO Box 72, 42, Triq Rodolfu, Tas-Sliema SLM 1275

**Email:** [info@coeliacassociationmalta.org](mailto:info@coeliacassociationmalta.org)

**Il-ħlas jista' jsir permiss ta':**

1. Ċekk pagabli lil (Cheque payable to) **Coeliac Association Malta** JEW/OR
2. Trasferiment Bankarju lil (Bank Transfer to): **Coeliac Association Malta**  
**BANK:** BANK OF VALLETTA plc  
**IBAN:** MT05VALL22013000000040023463833 JEW/OR
3. **BOV Mobile:** 79815671, **Revolut** via Bank Recipient option

Mhux aktar tard **mis-27 ta' Diċembru**.

*Bookings not later than **27th December**.*

Jekk għandek xi mistoqsijiet għalina, tista' tikkuntattjana fuq [info@coeliacassociationmalta.org](mailto:info@coeliacassociationmalta.org) jew ċempel fuq 79333209.

*For any questions, please contact us on [info@coeliacassociationmalta.org](mailto:info@coeliacassociationmalta.org) or call on 79333209.*