

## **BREAKFAST**

Served from 8.30am to 10.30am

## **EVENING MEAL**

Served in Restaurant from 5.30 to 9.00

## **SAMPLE MENU**

**Main course £9.00 - 2 courses £12.50  
- 3 courses £15.00**

### **Starters**

Homemade leek and potato soup with crusty bread roll

Greeba garlic Mushrooms cooked in a creamy white wine and parsley sauce served with toasted ciabatta bread

Smoked haddock fishcake with spicy tomato chutney and rocket leaves

### **Mains**

Freshly battered cod with home cut chips and proper mushy peas

Chicken or vegetable Jalfrezi with rice and naan bread

Penne pasta Carbonara with garlic bread and side salad

### **Desserts**

New York cheesecake with raspberry coulis

Trio of Ellan Vannin Ice creams

A selection of Manx and English cheeses with apple chutney



QUEENS PROMENADE • DOUGLAS  
ISLE OF MAN • IM2 4NF



## **CHRISTMAS PARTY 2019**

TELEPHONE: 01624 676870

FAX: 01624 663883

WEBSITE: [www.hydrohotel.co.im](http://www.hydrohotel.co.im)

E-MAIL: [enquiries@hydrohotel.co.im](mailto:enquiries@hydrohotel.co.im)

**25th - 27th January**

# TARIFF

Rates are per person, per night,  
bed and breakfast inc. VAT.

**Sharing                    £25.00**

**Single                        £30.00**

**Meals from                £9.00**

Please pay for evening meals in  
hotel as required.

- All bookings must be made by post or e-mail with this form.
- We require a £10 non-refundable per person deposit.
- Full payment for B&B due 2 weeks prior to arrival or booking shall be presumed cancelled.
- No refund is given for late arrival or early departure from the dates booked.
- If booking is altered in any way please send notification by recorded delivery.
- All rooms are subject to availability upon receipt of deposit.
- All bookings will be for two nights but if extra nights are required please call the hotel.

## RESERVATION FORM

When booking, please return this page to the  
Hydro Hotel with your deposit, by post or e-mail.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

No. Of Adults: \_\_\_\_\_

Email : \_\_\_\_\_

### TYPE OF ACCOMMODATION

Please enter the number of rooms required in the  
box provided.

Double                     Twin

3 Bedded                     4 Bedded

Single (if available)

Date of arrival: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Expected time of Arrival: \_\_\_\_\_

Enclosed deposit £ \_\_\_\_\_

Credit/debit card no. \_\_\_\_\_

Expiry date \_\_\_\_\_

CVC code (last 3 digits on back of card) \_\_\_\_\_

Signed: \_\_\_\_\_

Signed