



BREAKFAST MENU

Guest Name: _____

Room Number: _____

Please indicate the items which you would like served for breakfast. Special dietary requirements can be catered for by prior arrangement

Bacon	2	<input type="checkbox"/>	1	<input type="checkbox"/>
Cheese Grillers Mini	4	<input type="checkbox"/>	2	<input type="checkbox"/>
Mushrooms	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Fried Tomatoe	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Eggs:

Scrambled	<input type="checkbox"/>
Boiled	<input type="checkbox"/>
Poached	<input type="checkbox"/>
Easy Over	<input type="checkbox"/>
Sunny Side Up	<input type="checkbox"/>

Omelet:

Mushroom	<input type="checkbox"/>
Tomatoe	<input type="checkbox"/>
Cheese	<input type="checkbox"/>
Bacon	<input type="checkbox"/>

Toast	White	<input type="checkbox"/>	Brown	<input type="checkbox"/>
Plain	White	<input type="checkbox"/>	Brown	<input type="checkbox"/>
Tea	Rooibos	<input type="checkbox"/>	Black	<input type="checkbox"/>

Our English Breakfast is served with a small portion of selected seasonal fruit, muesli and youghurt, fruit juice and coffee

Breakfast Times

07h30	<input type="checkbox"/>
08h00	<input type="checkbox"/>
08h30	<input type="checkbox"/>
09h00	<input type="checkbox"/>