

We serve breakfast between 7:00am to 9:30am, please fill out menu and attach to the room door by 11:00pm

Today's Date:			
First/Last Name & INITIALS:	Guest 1:	Gı	uest 2:
Are you dining with friends? If s	so, what room are they	y in? #	
Please indicate	your meal selections i	vith your <u>INITIA</u>	LS for each menu item.
		ast Locations:	
TIME:	TIME: LOCATION: Dining Room Courtyard In-Room		
Would you like	Coffee/Tea service 1	prior to breakfast?	(Left outside your door):
TIME:Beverages:	Coffee or 🛚 Hot	Water w/ ☐ Milk	□ ½ & ½ □ Soy Milk
9	Decaf Coffee	Tea	Herbal Tea
Glass of Milk			
House Juice (OJ & C			
J . J	,,		
Starters:			
Bananas w/ Nuts and	l Honey	Strawberry	Melons
	Vanilla Yogurt v	w/ Granola	
Entrees:			
	oos Black Beans &	Cheese) w/□Salsa	☐ Sour Cream ☐ Guacamole
•		,	eppers, & Fresh Herbs)
			n, & Feta Cheese)
	Scramb		
	ied (\square O		
	en Free Pancakes (Pla		
Gluten Free B	acon Sau	ısage	Home Fries
D J.			
Bread:	Gluten Free W	hite Toast	
If you have any allergies or wo		, please let us know. (Ve oy your Meal!	egetarian and vegan menus also available.)

101 102 103 201 202 203 204 205 206 301 302 303 304