



OR... Just Tell Us What You LOVE!

Guest Name: _____ Room: _____

Date of meal: _____ What time between 7-9am? _____

- _____
- _____
- _____

“They will do everything they can to make your stay your way!”

Where will you be dining? Please circle one: YOUR ROOM DINING ROOM BREAKFAST ROOM 2ND FLOOR BALCONY

What would you like to drink?

Pot of Coffee	Whole Milk	Orange Juice
Pot of Decaf Coffee	Skim Milk	Cranberry Juice
Breakfast Tea	Hot Chocolate	Pineapple Juice

