

Please indicate the items you desire, and service time, and hang on the outside of your stateroom door before 1:00 AM.

Guest Name _____ Stateroom _____

Number of Guests _____

SERVICE TIME REQUIRED

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 07.00-07.15 | <input type="checkbox"/> 08.30-08.45 |
| <input type="checkbox"/> 07.15-07.30 | <input type="checkbox"/> 08.45-09.00 |
| <input type="checkbox"/> 07.30-07.45 | <input type="checkbox"/> 09.00-09.15 |
| <input type="checkbox"/> 07.45-08.00 | <input type="checkbox"/> 09.15-09.30 |
| <input type="checkbox"/> 08.00-08.15 | <input type="checkbox"/> 09.30-09.45 |
| <input type="checkbox"/> 08.15-08.30 | <input type="checkbox"/> 09.45-10.00 |

Please indicate the number of portions required.

CEREAL	Qty	EGGS*	Qty
Corn Flakes	___	Scrambled	___
Special K	___	Sunny Side Up	___
All Bran	___	Over Easy	___
Frosted Flakes/Frosties	___		
Raisin Bran	___	FROM THE GRILL	
Rice Krispies	___	Bacon	___
Oatmeal	___	Cumberland Sausage	___
Birchermüsli	___	Baked Beans	___
with Milk	___	Hash Brown Potatoes	___
with Skimmed Milk	___	Grilled Tomato	___
BREAD & PASTRIES		JUICES	
White Toast	___	Orange Juice	___
Whole Wheat Toast	___	Grapefruit Juice	___
Danish Pastries	___	Cranberry Juice	___
Blueberry Muffin	___	Pineapple Juice	___
Bran Muffin	___	Apple Juice	___
		Tomato Juice	___
PRESERVES & SPREADS		Prune Juice	___
Orange Marmalade	___		
Strawberry	___	BEVERAGES	
Raspberry	___	Glass of Milk	___
Blackcurrant	___	Glass of Skimmed Milk	___
Apricot	___	Hot Chocolate	___
Clear Honey	___	Hot Milk	___
Butter	___	English Breakfast Tea	___
Margarine	___	Coffee	___
		Decaffeinated Coffee	___
FRUIT		with Milk	___
Fresh Fruit Platter	___	with Skimmed Milk	___
Banana	___	with Cream	___
YOGHURT			
Plain Low Fat	___		
Fruit Low Fat	___		

* Whilst all the food we serve on board is prepared to the highest health and safety standards, Public Health Services have determined that eating uncooked or partially cooked meats, poultry, fish, eggs, milk and shellfish may increase your risk of foodborne illness, especially if you have certain medical conditions.

