The Adelphi Hotel's Continental Breakfast Order Form

Guest Last Name, First: _____

Reservation #: _____ **Delivery Date: _____**

Submission Date: _____ **Delivery Time: _____(8am-10am)**

Ordered By: _____ **Message to go with Amenity:**

Phone #: _____

Continental Breakfast - $32+++ Per Person

Please note all orders are charged a 20% gratuity and $10 delivery charge

Quantity (10-person minimum):_____

(*Total for 10 people incl tax, fees and gratuity is $419.10)*

Includes:

Choice of Orange, Grapefruit OR Cranberry Juice: _____

Coffee, Tea OR Decaf with cream, sugar & sugar substitute

Freshly baked savory & sweet pastries

Sliced seasonal fruit, yogurt & granola

Special Requests / Allergies:

Payment Information:

• If ordering for your room and would like this charged to room using CC on file, check this box: ☐

• If you are purchasing for someone else or would like to use a credit card other than the one on your reservation:

CC#: _____ EXP: _____ CVV: _____ Billing Zip: _____

Card Holder Name: _____ Phone #: _____

If receipt requested - Email Address: _____

Please return your completed form to michael.agresta@theadelphihotel.com at least 7 days prior to the morning of your breakfast. Orders being submitted within 7 days must be approved by the restaurant team.