

Name(s) .....

**BREAKFAST MENU**  
(Please tick to indicate your preferences)

**Fruit Juice**

Orange     Pressed Apple     Pink Grapefruit

\*\*\*\*\*

**Cereals**

Porridge

\*\*\*\*\*

**Cooked**

(please indicate your choices below)

\*\*\*\*\*

**Toast & Marmalade**

White     Granary     Wholemeal

Tea     Coffee

<b>COOKED</b> - choice of (1), (2), (3) or (4) - Please indicate choices in columns on the right	1 <sup>st</sup> Day	2 <sup>nd</sup> Day
<b>(1)</b> All or mixture of the following:		
Bacon (Fried or grilled?)		
Egg (Fried, scrambled or poached?)		
Pork Sausage		
Home-made vegetarian sausage		
Tomato		
Mushrooms		
Baked Beans		
<b>(2)</b> Eggs on toast (Poached or Scrambled?)		
<b>(3)</b> Smoked Haddock with poached egg		
<b>(4)</b> Scrambled egg and smoked salmon		
We like to cater for any special dietary requirements or food allergies, so please feel free to mention them here.		