

LUNCH

*please tick (✓) to indicate your choice
 guests to use the to indicate your choice
 guest meal charges will apply

Soup

- Vegetable Soup of the Day **(G,D on request)**
- Tom Kha Chicken and Coconut Soup **(D)**
 served with Bread Roll Rice Bowl **(G,D)**

Mains

Please choose one of the following:

Homemade Ciabatta **(G on request)**
with your choice of filling:

- Tuna and Lemon Mayonnaise with Cucumber **(D on request)**
- Chicken Salad Sandwich **(D on request)**
- Brie and Pear Chutney **(V on request)**

- Chicken Teriyaki with Braised Ginger Rice
 and Sautéed Vegetables **(D)**
- Soba Noodle Salad with Soy and Ginger Dressing **(D)**
- Roasted Cauliflower, Quinoa Salad with
 Green Tahini Dressing **(G,D)**
- Quiche Lorraine with Warm New Potato Salad
- Beef Mince Bulgogi Bowl with Salad **(G, D on request)**

Dessert

- Seasonal Fruit

Afternoon Tea will be served from the trolley

Name: _____

Date: _____

Room Number: _____

Dietary Requirements:

Meal Received: _____

**G – Made without Gluten, D – Made without Dairy,
 VG – Vegan, V – Vegetarian**

DINNER

Entrée

Please choose one of the following:

- Bruschetta **(D on request)**
- Mini Jacket Potato **(G)**
- Blinis with Cream Cheese and Smoked Salmon

Mains

Please choose one of the following:

- Butter Chicken, Pilaf Rice, Raitziki Yoghurt **(G)**
- Lentil Dhal, Pilaf Rice, Raitziki Yoghurt **(G,D on request)**
- Beef Brisket Stroganoff, Garlic and Herb Roasted Potatoes,
 Sautéed Broccoli, Pickles **(G)**
- Pulled Pork with Homemade BBQ Sauce, Roasted Kumara
 Wedges, Summer Slaw **(G,D)**
- Smoky Eggplant Pasta topped with Roasted Tomatoes **(D)**
- Mixed Mushroom Risotto finished with Compound Herb Butter **(G)**

Dessert

Please choose one of the following:

- Crème Brulee **(G)**
- Biscoff Cheesecake
- Ice Cream **(G)**

Refreshments

- Orange Juice
- Pineapple Juice

Wine can be purchased at your request

- Sauvignon Blanc \$12.00
- Merlot \$12.00

*“You should avoid drinking alcohol while you’re
 breastfeeding. This is particularly during the first
 month, when breastfeeding is being established”*

Supper will be served from the trolley

Name: _____

Date: _____

Room Number: _____

Dietary Requirements:

Meal Received: _____

BREAKFAST

Yoghurt

- Fruit Yoghurt Plain Yoghurt

Fruit

- Peaches Pears

Cereal

- Weetbix **(G on request)**
- Cornflakes **(G on request)**
- Rice Cereal
- Muesli
- Porridge with Apple Cinnamon Compote
- Multigrain Congee **(VG)**

Toast

- White Toast Wheatmeal Toast English Muffins

Refreshments

- Coffee Milk
- Tea Orange Juice
- Herbal Tea Pineapple Juice

Hot Meal Option

- Avocado and Poached Eggs on Toast with **(G on request)**
 Choose one: Smoked Salmon Bacon
- Bacon and Poached Eggs on Toast **(G on request)**
- Poached Eggs on Toast

Please complete your menu and return it to the catering staff by 9:30 am so we can confirm your choice.

Morning Tea will be served from the trolley

Name: _____

Date: _____

Room Number: _____

Dietary Requirements:

Meal Received: _____

