

New Year's Eve Dinner @ the rocks

Appetizer:

Mezze Plate

Entrée: to share

Rocks Seafood Ice Platter

*Queensland jumbo prawns,
oysters from two bays, ponzu & sweet chilli
duo of sashimi, yellow fin tuna & king salmon
handpicked Port Phillip Bay steamed scallops*

Main: to share

Whole steamed Port Phillip Bay Schnapper

rice wine vinegar, soy, shallots, ginger & chilli

*accompanied with
a tabouli salad with quinoa, cracked wheat &
pomegranates. Pistachio honey yoghurt*

To finish:

Assiette of house made petit fours

Tea & coffee

\$110 per head

**menu subject to change due to produce availability.*

**special dietary requirements can be catered for with prior notice.*

the rocks mornington

New Year's Eve Dinner 2015

terms & conditions/confirmation

Booking & confirmation – all 2015 New Year's Eve dinner bookings will be confirmed only with receipt of credit card details (to enable a \$50 per person deposit). If in any event, should the booking fail to show, without any communication to the rocks, the rocks is authorised to keep full payment of \$110 per adult & \$65 per child based on the number of people confirmed.

Final payment – will be due no later than Christmas, 2015 and can be made Monday to Friday 9am-5pm.

Numbers – confirmed numbers are required no later than 27th December, 2015. Should the number of people decrease after this time then 50% will be refunded.

Surcharge- American express credit cards incur a 2.5% surcharge.

PLEASE COMPLETE AND RETURN THE FOLLOWING WITHIN 5 DAYS OF BEING SENT THIS FORM UNLESS OTHERWISE REQUESTED.

PLEASE COMPLETE THE FOLLOWING DETAILS AS ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS OF THE ROCKS MORNINGTON. YOUR RESERVATION WILL BE CONFIRMED WITH OUR RESERVATIONS MANAGER NEXT BUSINESS DAY.

RESERVATION NAME _____

NO OF PEOPLE (please specify adults & children under 12yrs) _____

RESERVATION TIME _____

TELEPHONE(MOBILE PREFERRED) _____ EMAIL _____

SIGNATURE _____ DATE _____

BOOKING/DIETARY REQUIREMENT
COMMENTS _____

PLEASE FIND BELOW CREDIT CARD DETAILS FOR THE GUARANTEE

CARD HOLDERS NAME _____

CARD NUMBER _____

EXPIRY DATE _____ CCV no: _____

SIGNATURE _____

PLEASE RETURN BY FAX 03 59 73 5600 OR EMAIL info@therocksmornington.com.au

OR SEND TO: PO Box 867 Mornington. Victoria, 3931.

