



## Thanksgiving Dinner by Kapnos Taverna and Kapnos DC

Credit Card Authorization Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Forget the stress of preparing Thanksgiving Dinner and order your spit-roasted turkey and fixings from Kapnos Taverna.**

**Spit Roasted Turkeys are 14-16lbs served with lemon-thyme gravy & sides serve 8-10 people. Spreads are served in 1 pint portions. Flatbread/crudité is additional.**

\*\*prices do not include VA food tax (10%)

Item	Price	Number to order	Total \$ (indicate dollar amount)
<b>SPREADS</b>			
tzatziki yogurt, cucumber, dill, citrus	\$20		\$
tyrokafteri feta, smoked manouri cheese, grains of paradise	\$22		\$
taramosalata carp roe, cauliflower	\$20		\$
hummus chickpea, tahini, sultan chutney	\$18		\$
melitzanosalata smoked eggplant, red peppers, walnuts, feta	\$22		\$
favosalata yellow lentils, scallions, black garlic	\$18		\$
stone baked flatbread garlic oil	\$2		\$
crudité green tomato, kohlrabi, lemon, sesame	\$6		\$
<b>SAVORY</b>			
Greek Spiced Spit Roasted Turkey coriander, dry mint, lemon zest w/ lemon-thyme gravy	\$120		\$
Additional lemon-thyme gravy	\$15		\$
Chestnut Stuffing duck confit, watercress, cherries	\$55		\$
Spiced Sweet Potato Mash cinnamon, allspice, merengue	\$42		\$
Charred Brussels pasterma, mushrooms, golden rasins	\$48		\$
Roasted Lemon Potatoes oregano, chive	\$40		\$
Greek Mac & Cheese mizithra, feta, dill	\$44		\$
Cranberry Sauce apple, orange, ginger	\$20		\$
<b>DESSERT</b>			
Apple & Pear Pie almond crumble	\$30		\$
Lemon Bar Cake Italian meringue	\$30		\$
			TOTAL AMOUNT: \$



Desired Pick-Up Time: \_\_\_\_\_

**Payment Information:**

All orders must be secured by a valid credit card. You can choose to charge to the card we have on file, or modify your payment method at the time of pick up. All orders must be cancelled with 72 hour notice from pick up-time. For cancellations within 72 hours, credit card may be charged the full or partial amount of the order.

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Gratuity (optional) (\$amount or %): \_\_\_\_\_

Charge my order to this card: \_\_\_\_\_ (initial) OR  
I will pay with an alternate method at the time of pick up: \_\_\_\_\_ (initial)

Signature of Cardholder \_\_\_\_\_

*I hereby authorize the following amount be applied to my credit card. All information is kept confidential and used only for the purposes as noted.*

*Please print and return completed form to [earlington@kapnostaverna.com](mailto:earlington@kapnostaverna.com) by Sunday, November 22<sup>nd</sup>.  
Orders will be filled on a first come, first serve basis - We will confirm your order within 48 hours of receipt.*