



Let Kapnos cater your Thanksgiving gathering. See the full menu below and choose from convenient pick-up locations in D.C., Arlington and College Park.

Credit Card Authorization Form

BE SURE TO COMPLETE BOTH PAGES TO COMPLETE YOUR ORDER

Name: _____

Email: _____ Phone Number: _____

Spit Roasted Turkeys are 14-16 lbs 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 food tax

Item	Price	Number to order	Total \$ (indicate dollar amount)
SPREADS			
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		\$
SAVORY			
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 preserved lemon, pomegranate, mint	\$48		\$
Roasted Lemon Potatoes oregano, chive	\$40		\$
Greek Mac & Cheese mizithra, feta, dill	\$44		\$
Cranberry Sauce apple, orange, ginger	\$20		\$
DESSERT			
Apple & Pear Pie almond crumble	\$30		\$
Sweet Potato Cheese Cake candied nuts	\$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:

- Kapnos DC – eat@kapnosdc.com**
- Kapnos Taverna (Arlington) – Arlington@kapnostaverna.com**
- Kapnos Taverna (College Park) – Collegepark@kapnostaverna.com by Sunday, November 19th.**

Orders will be filled on a **first come, first serve basis** - We will confirm your order within 48 hours of receipt.