We look forward to enhancing your upcoming visit. Below are our most requested amenity options to personalize your stay. If you there are any needs or special requests you do not see listed below please do not hesitate to contact a member of the Hotel Giraffe Team directly.
**Enhancements**

**Special Indulgences & Occasions**

- **No Celebration is Complete…Without Something Sweet**
  - Includes two gourmet cupcakes and two celebratory balloons
  - $20.00

- **Romantic Rendezvous**
  - Includes rose petal turndown, chilled bottle of Prosecco and six chocolate dipped strawberries
  - $50.00

- **A Cake from Carlo’s**
  - Treat yourself to a 6” double layer cake from the famous Carlo’s Bakery accompanied by a carafe of milk
    - Chocolate Cake & Chocolate Fudge Icing
    - Vanilla Cake & Chocolate Fudge Icing
    - Funfetti Cake & Vanilla Butter cream
  - $50.00

- **One Dozen Long Stemmed Red Roses**
  - Surprise your special someone with Twelve Long Stemmed Roses (Requires at least 48 hours advance notice)
  - $126.00

- **Milk and Cookies**
  - Enjoy a delicious platter of chocolate chip cookies and a carafe of ice cold milk
  - $15.00

- **Half a Dozen Chocolate Dipped Strawberries**
  - Indulge yourself Six large strawberries hand dipped in milk chocolate
  - $20.00

- **Artisan Cheese Plate**
  - Enjoy a selection of artisan cheeses & crackers
  - $55.00

- **Bouquet of Flowers**
  - $55.00
  - Based on Your Preference
  - Hotel Giraffe would be happy to arrange a beautiful bouquet of flowers to be delivered to your room! Please note there is a $65.00 minimum plus taxes and fees for all bouquet deliveries

- **Art of Indulgence**
  - $ Pricing May Vary
  - A luxurious full hour massage in the calm of your guestroom. Our spa experience promises to bring you back to a beautifully revitalized state that is your true self. No walking. No taxis. No inconveniences. Pricing May Vary. Please ask our concierge for more information.

*Pricing excludes tax and is subject to a $5.00 delivery fee.
**Pricing of the Spa treatments does not include gratuity. Gratuities, cash only, are accepted.**
Enhancements

Order Form

We look forward to complimenting your upcoming visit. Kindly complete the Experience form below and send it either via email to information@hotelgiraffe.com or fax it to 212-685-7771. A member of our concierge team will contact you within 24 hours to finalize the details. Should you wish to speak with concierge directly, please dial 212-685-7700.

Contact Information

Please contact me by ☐ Email ☐ Phone

First Name* ________________________________________________________________

Last Name* ________________________________________________________________

E-Mail Address* ____________________________________________________________

Phone* _____________________________________________________________________

Address* __________________________________________________________________

Address (line 2) __________________________________________________________________

City* ______________________________________________________________________

State / Province* __________________________________________________________

Postal Code* _____________________________

Reservation Information

Name of Guest(s)* __________________________________________________________

Arrival Date* __________________________________________________________________

Departure Date __________________________________________________________________
Enhancements

☐ Chilled Bottle of Prosecco $28.00  ☐ Six Chocolate Covered Strawberries $20.00
☐ Cabernet Sauvignon $30.00  ☐ Veuve Clicquot Brut Vintage 1999 $90.00
☐ Chilled Bottle of Chardonnay $30.00  ☐ Milk and Cookies $15.00
☐ Moët Chandon Rose $80.00  ☐ Artisan Cheese Plate $55.00
☐ No Celebration is Complete... $20.00  ☐ 12 Long Stemmed Red Roses $126.00
☐ Art of Indulgence $Varies  ☐ Romantic Rendezvous $50.00
☐ Hotel Giraffe Bath Robe $65.00  ☐ Hotel Giraffe Mug $10.00
☐ 6 Inch Cake from Carlo’s! $50.00  Please note any special writing for Carlo’s Cake

- Chocolate Cake & Chocolate Fudge Icing
- Vanilla Cake & Chocolate Fudge Icing
- Funfetti Cake & Vanilla Butter cream

Inscription: ___________________________________________________

☐ Bouquet of Flowers
- Amount you would like to spend: Minimum $65.00 plus taxes and fees________________________
- Types of flowers included in arrangement:
  ______________________________________________________________
- Colors of flowers in arrangement:
  ______________________________________________________________
- Vase: _______Yes _______No

Massage Appointments

Preferred Date ________________________________
Preferred Time ________________________________
Alternative Date ______________________________
Alternative Time ______________________________
Spa Treatment ________________________________
Therapist ☐ Male ☐ Female

Additional Guest / Treatment

Preferred Date ________________________________
Preferred Time ________________________________
Alternative Date ______________________________
Alternative Time ______________________________
Spa Treatment ________________________________
Therapist ☐ Male ☐ Female

** Pricing of the Spa treatments does not include tax or gratuity.

Special Requests:

__________________________________________________________
Enhancements

If selection is a gift, please provide a card message below.

Credit Card Authorization Form

I ______________________ hereby authorize Hotel Giraffe to charge my credit card for the enhancement selected.

Name of Guest(s): _____________________________________________________________

Please initial the charges you wish to apply to your credit card.

All Amenity Charges & Service Fees* __________

Name of Cardholder: ___________________________________________________________

Company: (if applicable) ______________________________________________________

Address: ___________________________________________________________________

City: __________ State: _____ Zip Code: _______ Country: __________

Telephone #: __________________ Fax#: __________________

Billing Address: ___________________________________________________________________

City: __________ State: _____ Zip Code: _______ Country: __________

Telephone #: __________________ Fax#: __________________

Credit Card #: __________________    Exp. Date: __/____

Security Code: __________

Amex ______ Visa ______ MasterCard _____ Diners ______

Cardholder’s Signature ________________________________________________________

Please send a photocopy of the cardholder’s valid picture I.D along with the form. Please note the signature on the I.D must match the signature on this form. Please complete the form and return via fax to 212-685-7771 or email to information@hotelgiraffe.com.