



# THE FRENCH GOURMET

Catering ♥ Restaurant ♥ Bakery ♥ Wine Boutique  
960 Turquoise Street, San Diego, CA 92109  
(858) 488-1725 ext. 2 (858) 488-1799 fax  
www.thefrenchgourmet.com



## Valentine's Day TO-GO Dinner Menu available Thursday 2/14

Rev. 2/4/19

Enjoy a romantic Valentine's Day dinner AT HOME. \$44.95 per person (plus applicable sales tax)

Plan ahead and place your order with our CATERING DEPARTMENT (858) 488-1725 x2  
by 2:30 on Wednesday 2/13. Last Minute orders on 2/14 should be placed with our RESTAURANT x316.

Your order will be packaged for pick up in our bakery and WILL REQUIRE REHEATING AT HOME.

LAST PICK-UP AVAILABLE AT 4:30PM ON THURSDAY 2/14

### First Course

Choose one

#### **Crab Soufflé**

Jumbo lump crab, local wild mushrooms, corn, savory beurre blanc

#### **Sweet Belly**

Duroc pork belly, white truffle polenta

#### **Cupid's Salad**

Hydroponic watercress, frisée, watermelon radish, heirloom grape tomatoes, grilled persimmon, fried Boursin croquettes, dragon fruit, beet meringue, red wine shallot vinaigrette

### Main Course

Served with baby heirloom vegetables and your choice of baby bliss mashed potatoes, potatoes au gratin, or faro pilaf.  
Please choose an entrée:

#### **Surf & Turf**

Lobster tail with drawn butter  
Petite filet mignon medallion, cabernet demi-glace

#### **Pan Seared Frenched Chicken**

Lemon tarragon beurre blanc

#### **Crab Stuffed Salmon**

Champagne beurre blanc

#### **Champignon of the Night**

Wild mushroom ravioli, mushroom medley, pea tendrils, spiral root vegetables, citrus velouté

#### **Duck Magret**

Seared duck breast, blackberry gastrique

### And For Dessert . . .

Choose one

#### **Chef's Creation - TBD**

#### **Share a**

#### **Heart-Shaped Pralinsko Cake**

Dark, moist chocolate cake filled with creamy hazelnut-flavored chocolate mousse. Perfect for two

Menu subject to change without notice. No coupons or vouchers accepted on this menu.  
Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.

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Order Date \_\_\_\_\_ Phone \_\_\_\_\_ P/U Time \_\_\_\_\_ Special Request \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Payment Type: Cash Check Visa MasterCard AmEx Discover # \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_