



Meat Department Order Form

Name: _____

Phone: _____

Date Ordered: _____

Date & Time Needed: _____

Beef (Cut)		Lbs. or Quantity
Hamburger		
Ox Tails		
Ribs		
Roast		
Steak		

Pork (Cut)		Lbs. or Quantity
Baby Back		
Boston Butt		
Chops		
Loin		
Pig Feet		
Spareribs		

Chicken		Lbs. or Quantity
Breast		
Leg		
Thigh		
Whole		
Wing		

Specialty Meat (Cut)		Lbs. or Quantity
Goat		
Lamb		

Turkey (Cut)		Lbs. or Quantity	Smoked or Regular
Legs			
Necks			
Wings			