

NAME: _____

HANGING WEIGHT: _____

ORDER DATE: _____

DEPOSIT: _____

PHONE NUMBER: _____

TOTAL: _____

PHONE WHEN READY? YES NO

BALANCE: _____

Item	Chop Thickness / LBS	Roast Size
Neck Chops		
Shoulder Chops	Boneless <input type="checkbox"/> Bone-in <input type="checkbox"/>	
Shoulder Roast	Boneless <input type="checkbox"/> Bone-in <input type="checkbox"/>	
Lamb Ribs Whole <input type="checkbox"/> Ground <input type="checkbox"/>		
Rack of Lamb Whole <input type="checkbox"/> Ground <input type="checkbox"/>		
Lamb Loin Chops		
Leg of Lamb Chops		
Leg of Lamb Roast	Boneless <input type="checkbox"/> Bone-in <input type="checkbox"/>	
Lamb Shank - Whole		

KIDNEY? YES NO

CHOPS PER PACKAGE: _____

LAMB BONES? YES NO

GROUND LAMB PER PACKAGE: _____

OTHER NOTES: _____

