

# BEEF ORDER – *HIND Quarter*

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Options:

Beef (circle one):

- More steaks
- More roasts
- Half steaks & half roasts

\*\* Choose between:            Eye Steaks                    **OR**    Eye of Round Roast

\*\* Choose between:            Sirloin Tip Steaks            **OR**    Sirloin Tip Roast

\*\* Choose between:            Round Steaks                    **OR**    Top Round Roast

Steak	Thickness	# per package
T-Bone	_____ inch	_____
Sirloin	_____ inch	_____
Sirloin Tip	_____ inch	_____
Round	_____ inch	_____
Eye Steaks	_____ inch	_____
Minute	_____ inch	_____

Roast	# of lbs.
Steak Roast	_____
Eye of the Round	_____
Top Round	_____
Sirloin Tip	_____

Other	
Hamburger	Lean <b>OR</b> Regular & _____ lbs per package
Patties	Seasoned <b>OR</b> Regular
Stewing Beef	YES <b>or</b> NO
Bones for Soup	YES <b>or</b> NO
Dog Bones	YES <b>or</b> NO

Date Ordered: \_\_\_\_\_

Total Pounds: \_\_\_\_\_ lbs X \$ \_\_\_\_\_ per lb.

Deposit: \$ \_\_\_\_\_ (date of deposit) \_\_\_\_\_

Date Picked Up: \_\_\_\_\_