

**Names:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Quantity:**

Whole                      Half                      Quarter                      Eighth *Bone In or Out*

**Chuck Section:**

- Chuck Arm Roast                      Yes or No
- Chuck Should Roast                      Yes or No
- Short Ribs                      Yes or No

**Rib Section:** *Pick one type of steak*

- Rib Steak (Bone In)                      Yes or No
- Delmonico (Bone out)                      Yes or No

**Loin:** *Pick one type of steak*

- T-Bone/ Porterhouse (Bone in)                      Yes or No
- New York Strip/ Filet (Bone out)                      Yes or No

**Sirloin:**

- Sirloin Steaks (Bone out)                      Yes or No
- Sirloin Tip Steak or Roast                      Yes or No
- Tri-tip Roast                      Yes or No
- Flap Steak/ Sirloin Bavette                      Yes or No

**Round:**

- Top Round Steak or London Broil                      Yes or No
- Bottom Round Roast                      Yes or No
- Eye of Round Roast                      Yes or No

**Brisket:**

- Brisket Whole or portioned                      Yes or No

**Plate and Flank:**

- Skirt Steak                      Yes or No
- Flank Steak                      Yes or No

**Ground Burger:** *Pick a size*

- Pack Size                      1lb/pk                      1.5lb/pk                      2lb/pk

**Other:**

- Shanks                      Yes or No
- Bones                      Yes or No
- Organs                      Heart                      Liver  
   Tail                      Tongue