

Week Commencing:

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

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

Please place completed menu in the plastic bag your receive it in and return to your driver.

Please select your meal by placing a tick next to one Main Meal (A,B or C)) and Dessert or Fresh Fruit. If you would like Soup please tick the applicable box.

MONDAY	
<b>Please Select one Main Meal</b> A <input type="checkbox"/> Roast Beef with Yorkshire Pudding B <input type="checkbox"/> Sticky Sweet Chilli Baked Fish Fillet C <input type="checkbox"/> Potato and Bacon Salad	<b>Please Select one Dessert</b> A <input type="checkbox"/> Rhubarb Turnover B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Tomato & Basil Soup
TUESDAY	
<b>Please Select one Main Meal</b> A <input type="checkbox"/> Chicken schnitzel B <input type="checkbox"/> Sweet and Sour Pork C <input type="checkbox"/> Egg and Ham Salad	<b>Please Select one Dessert</b> A <input type="checkbox"/> Citrus Custard Tart B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Spring Vegetable Soup
WEDNESDAY	
<b>Please Select one Main Meal</b> A <input type="checkbox"/> Barramundi Fillet with Creamy Lemon Sauce B <input type="checkbox"/> Beef Pie C <input type="checkbox"/> Greek Salad	<b>Please Select one Dessert</b> A <input type="checkbox"/> Impossible Pie with Passionfruit Cream B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Chicken and Leek Soup
THURSDAY	
<b>Please Select one Main Meal</b> A <input type="checkbox"/> Roast Lamb with Mint Sauce B <input type="checkbox"/> Roast Chicken with Gravy C <input type="checkbox"/> Nicoise Salad with Tuna	<b>Please Select one Dessert</b> A <input type="checkbox"/> Two Fruit Jelly B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Creamy Zucchini and Basil Soup
FRIDAY	
<b>Please Select one Main Meal</b> A <input type="checkbox"/> Fish of the Day with Creamy Lemon Sauce B <input type="checkbox"/> Southern Fried Chicken C <input type="checkbox"/> Chicken Salad	<b>Please Select one Dessert</b> A <input type="checkbox"/> Orange and Ginger Steamed Pudding B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Smoked Ham Hock and Pea Soup

We value your opinion, please turn over to give your feedback.