

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	
Please Select one Main Meal A <input type="checkbox"/> Bacon and Potato Frittata with Beetroot Relish B <input type="checkbox"/> Snapper Fillet with Lemon Butter Sauce C <input type="checkbox"/> Caesar Salad	Please Select one Dessert A <input type="checkbox"/> Chocolate Cheesecake B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Truffled Cauliflower Soup
TUESDAY	
Please Select one Main Meal A <input type="checkbox"/> Pork Scotch Glazed with Honey & Cumin B <input type="checkbox"/> Pumpkin & Basil Risotto with Parmesan Cheese C <input type="checkbox"/> Nicoise Salad with Tuna	Please Select one Dessert A <input type="checkbox"/> Chilled Coconut Rice Pudding B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Cream of Celery Soup
WEDNESDAY	
Please Select one Main Meal A <input type="checkbox"/> Honey Mustard Chicken Thigh Fillet B <input type="checkbox"/> Barramundi Fillet with Hollandaise Sauce C <input type="checkbox"/> Chicken Salad	Please Select one Dessert A <input type="checkbox"/> Tiramisu B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Creamy Broccoli Soup
THURSDAY	
Please Select one Main Meal A <input type="checkbox"/> Corned Silverside with Mustard Sauce B <input type="checkbox"/> Roast Chicken with Gravy C <input type="checkbox"/> Ham and Egg Salad	Please Select one Dessert A <input type="checkbox"/> Cherry Frangipane Tart B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Creamy Cauliflower
FRIDAY	
Please Select one Main Meal A <input type="checkbox"/> Fish of the Day with Creamy Lemon Sauce B <input type="checkbox"/> Vegetarian Lasagne C <input type="checkbox"/> Italian Bean Salad	Please Select one Dessert A <input type="checkbox"/> Apple Strudel B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Potato and Leek Soup

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