

Week Commencing: 19TH April 2021

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"/> Mild Mango Chicken Curry and Rice B <input type="checkbox"/> Braised Steak with Gravy C <input type="checkbox"/> Nicoise Salad with Tuna	Please Select one Dessert A <input type="checkbox"/> Pavlova with Berry Compote B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Creamy Cauliflower Soup
TUESDAY	
Please Select one Main Meal A <input type="checkbox"/> Lamb & Mushroom Ragout B <input type="checkbox"/> Fish Korma C <input type="checkbox"/> Ham, Beetroot & Egg Salad	Please Select one Dessert A <input type="checkbox"/> Peach Crumble B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Lamb Scotch Broth
WEDNESDAY	
Please Select one Main Meal A <input type="checkbox"/> Beef and Mushroom Pie with Tomato Sauce B <input type="checkbox"/> Pumpkin and Fetta Roll with Napoli Sauce C <input type="checkbox"/> Italian Bean Salad	Please Select one Dessert A <input type="checkbox"/> Orange Ginger Steamed Pudding B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Potato & Bacon Soup
THURSDAY	
Please Select one Main Meal A <input type="checkbox"/> Apricot Chicken B <input type="checkbox"/> Roast Beef with Gravy C <input type="checkbox"/> Caesar Salad	Please Select one Dessert A <input type="checkbox"/> Strawberry & Vanilla Blancmange B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Country Vegetable Soup
FRIDAY	
Please Select one Main Meal A <input type="checkbox"/> Fish of the Day with Creamy Dill Sauce B <input type="checkbox"/> Spanakopita with Relish C <input type="checkbox"/> Greek Salad	Please Select one Dessert A <input type="checkbox"/> Butterscotch Self Saucing Pudding B <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Stewed Fruit <input type="checkbox"/> Mushroom Soup

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