VBASScare

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	**Please Select one Dessert**
A ☐ Mild Mango Chicken Curry and Rice	A ☐ Pavlova with Berry Compote
B ☐ Braised Steak with Gravy	B ☐ Fresh Fruit ☐ Stewed Fruit
C ☐ Nicoise Salad with Tuna	☐ Creamy Cauliflower Soup

TUESDAY	
Please Select one Main Meal	**Please Select one Dessert**
A ☐ Lamb & Mushroom Ragout	A ☐ Peach Crumble
B ☐ Fish Korma	B ☐ Fresh Fruit ☐ Stewed Fruit
C ☐ Ham, Beetroot & Egg Salad	☐ Lamb Scotch Broth

WEDNESDAY	
Please Select one Main Meal	**Please Select one Dessert**
A ☐ Beef and Mushroom Pie with Tomato Sauce	A ☐ Orange Ginger Steamed Pudding
B ☐ Pumpkin and Fetta Roll with Napoli Sauce	B ☐ Fresh Fruit ☐ Stewed Fruit
C ☐ Italian Bean Salad	☐ Potato & Bacon Soup

THURSDAY	
Please Select one Main Meal	**Please Select one Dessert**
A ☐ Apricot Chicken	A ☐ Strawberry & Vanilla Blancmange
B ☐ Roast Beef with Gravy	B ☐ Fresh Fruit ☐ Stewed Fruit
C ☐ Caesar Salad	☐ Country Vegetable Soup

FRIDAY	
Please Select one Main Meal	**Please Select one Dessert**
A ☐ Fish of the Day with Creamy Dill Sauce	A ☐ Butterscotch Self Saucing Pudding
B ☐ Spanakopita with Relish	B ☐ Fresh Fruit ☐ Stewed Fruit
C ☐ Greek Salad	☐ Mushroom Soup

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