



Week Commencing: _____

Meals Service Spring Menu – Week Two Menu

Name _____

Address: _____

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

Monday	
Please select one main meal A <input type="checkbox"/> Honey Soy Chicken With Rice B <input type="checkbox"/> Chargrilled Pork Steak With Apple Sauce C <input type="checkbox"/> Caesar Salad	Please select one dessert A <input type="checkbox"/> Lemon Meringue With Chantilly Cream B <input type="checkbox"/> Fresh Fruit C <input type="checkbox"/> Two Fruits D <input type="checkbox"/> Yoghurt <input type="checkbox"/> Pea & Ham Soup
Tuesday	
Please select one main meal A <input type="checkbox"/> Roast Beef With Yorkshire Pudding & Gravy B <input type="checkbox"/> Baked Basa Fillet With Cheese & Parsley Sauce C <input type="checkbox"/> Potato & Bacon Salad	Please select one dessert A <input type="checkbox"/> Tiramisu B <input type="checkbox"/> Fresh Fruit C <input type="checkbox"/> Two Fruits D <input type="checkbox"/> Yoghurt <input type="checkbox"/> Spring Lamb Soup
Wednesday	
Please select one main meal A <input type="checkbox"/> Lamb & Rosemary Ragout B <input type="checkbox"/> Roast Turkey with Cranberry Sauce & Chicken Gravy C <input type="checkbox"/> Chickpea Salad	Please select one dessert A <input type="checkbox"/> Coconut Rice Pudding B <input type="checkbox"/> Fresh Fruit C <input type="checkbox"/> Two Fruits D <input type="checkbox"/> Yoghurt <input type="checkbox"/> Four Beans Soup
Thursday	
Please select one main meal A <input type="checkbox"/> Beef Goulash B <input type="checkbox"/> Chicken Parma C <input type="checkbox"/> Chicken Salad	Please select one dessert A <input type="checkbox"/> Peach Crumble With Custard B <input type="checkbox"/> Fresh Fruit C <input type="checkbox"/> Two Fruits D <input type="checkbox"/> Yoghurt <input type="checkbox"/> Roasted Pumpkin Soup
Friday	
Please select one main meal A <input type="checkbox"/> Fish of the Day With Dill Sauce B <input type="checkbox"/> Cannelloni Pasta Bake With Rich Napoli Sauce C <input type="checkbox"/> Caesar Salad	Please select one dessert A <input type="checkbox"/> Chocolate Cheese Cake B <input type="checkbox"/> Fresh Fruit C <input type="checkbox"/> Two Fruits D <input type="checkbox"/> Yoghurt <input type="checkbox"/> Minestrone Soup

We value your feedback please turn over to give your feedback



Please write any comments you have on our meals and the service we provide. Thank you
