

PORK CUT SHEET ORDER FORM

NAME _____

DATE _____

ADDRESS _____

ADDRESS _____

HW _____

PHONE NUMBER _____

(Choose one option under each sect)

Will you be smoking any of your meat Yes _____ or No _____

Please note Min \$25.00 Extra for 1 lb packs

HEAD

WHOLE _____

JAWLS _____

BOSTON BUTT

BOSTON BUTT _____

SAUSAGE _____

PICNIC

PICNIC SHOULDER _____

SAUSAGE _____

LOIN

BONE IN CHOPS THICKNESS _____

QTY PER PACK _____

BONELESS CHOPS THICKNESS _____

QTY PER PACK _____

OR

BONELESS LOIN ROAST _____

SAUSAGE _____

LEGS

HAM _____

HAM STEAKS _____ QTY PER PACK _____

SAUSAGE _____ LB PER PACK

HOCKS _____ FEET _____

BACON

SLAB _____ SLICED _____

RIBS _____

SAUSAGE _____

ORGANS

HEART _____ LIVER _____ KIDNEYS _____

SAUSAGE Mild _____ Med _____ Hot _____