



CUSTOM CUTTING ORDER FORM

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LAMB

Whole: _____ Split: _____

Date:
Weight:
Family Size:

CUSTOMER NAME:

PHONE/EMAIL:

SUPPLIER:

Chops: /pkg Thickness: ••• Roast Size (lbs): ••• Steaks: /pkg Thickness:

SHOULDER

Roast ••• Chops ••• 1/2 Roast & 1/2 Chops

LOIN

Rack & Chops ••• Chops:

LEGS

Whole ••• Cut in Half ••• Boneless

SHANKS

Whole ••• Trim

TRIM

Cubed ••• Ground ••• Sausage
Yes / No Ask for flavour options

KEEP

Fat ••• Bones

No. of Bags: