Christmas Dinner
Take-Away Order Form

Customer's Name: _____
Phone Number: _____
E-Mail Address: _____
Number of People being fed: _____
Time of Pick-Up: _____
Credit Card Number: _____
Credit Card Expiration Date: _____
Inform Customer that the dinner will be charged upon Pick-Up*
Cost: $150 plus tax and gratuity

Dietary or Special Instructions requested by customer:
_____
_____

Order Taken By: _____

Cancellation Policy: 25% for cancelling 24 Hrs prior to: within 24 hours no refund

Dinner Menu will feed 6-8 people:

10-14Lbs Turkey or Ham (Sliced)
Mashed Potatoes
Gravy
Cranberry Relish and Stuffing
Green Bean and Coconut Rice with Pigeon Peas
Choice of:-
_____ Dinner Rolls or _____ Corn Muffins
Choice of Dessert:-
_____ Apple Pie or _____ Pumpkin Pie or _____ Key Lime Pie
Choice of Wine:-
_____ Pinot Grigio _____ Sauvignon Blanc _____Chardonnay
_____ Pinot Noir _____ Cabernet