

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: \$185 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 Beans 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