Please circle one of the following:

Customer Name: _____

Address: _____

Phone: _____

HCW: _____

Circle one of the following choices for each primal:

Shanks: **Whole**   **or**   **Cracked**   **or**   **Grind**

Shoulder: **Whole**   **or**   **Chops**   **or**   **Grind**

Rib: **Rack (roast) or**   **Chops**   **Thickness of Chops:** _____

Loin: **Roast**   **or**   **Chops**   **Thickness of Chops:** _____

Leg: **Whole**   **or**   **Half   or**   **Grind**

Trim: **Ground Lamb**

Special Instructions: