

**Lamb Order Form** C/)  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Weight \_\_\_\_\_ Pick Up Fee \_\_\_\_\_  
Leg of Lamb \_\_\_\_\_  
Yes No  
Lamb Steak \_\_\_\_\_  
Yes No  
Rack of Lamb \_\_\_\_\_  
Yes No  
Shoulder Roasts \_\_\_\_\_  
Yes No  
Lamb Chops \_\_\_\_\_  
Yes No  
Lamb Stew \_\_\_\_\_  
Yes No  
Ground Lamb \_\_\_\_\_  
Yes No  
Shanks \_\_\_\_\_  
Yes No

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