

CINDER BUTTE MEAT COMPANY
197 NW O'NEIL WAY REDMOND OR. 97756
541-548-6328 CinderButteMeatCo.com

NAME:		PHONE:	
ADDRESS		GROWER:	
EMAIL ADDRESS		GROWER PHONE:	
KILL DATE	C/W DATE	HANGING WEIGHT	CURE NO.

BEEF CUTTING INSTR: FOR A ¼ BEEF _____ WRAP FOR _____ NO. OF PEOPLE

CHUCK ROAST	2# <input type="checkbox"/>	3# <input type="checkbox"/>	4# <input type="checkbox"/>	5# <input type="checkbox"/>	GRIND <input type="checkbox"/>
BRISKET	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
SHANK	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
SHORT RIBS	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
SKIRT STEAKS	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
RIB EYE STEAKS	½" <input type="checkbox"/>	¾" <input type="checkbox"/>	1" <input type="checkbox"/>	1 ¼" <input type="checkbox"/>	GRIND <input type="checkbox"/>
T-BONE	½" <input type="checkbox"/>	¾" <input type="checkbox"/>	1" <input type="checkbox"/>	1 ¼" <input type="checkbox"/>	GRIND <input type="checkbox"/>
TRI-TIP	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
TOP SIRLOIN STEAKS	½" <input type="checkbox"/>	¾" <input type="checkbox"/>	1" <input type="checkbox"/>	1 ¼" <input type="checkbox"/>	GRIND <input type="checkbox"/>
RUMP ROAST	2# <input type="checkbox"/>	3# <input type="checkbox"/>	4# <input type="checkbox"/>	5# <input type="checkbox"/>	GRIND <input type="checkbox"/>
FLANK STEAK	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
SIRLOIN TIP STEAK	½" <input type="checkbox"/>	¾" <input type="checkbox"/>	1" <input type="checkbox"/>	1 ¼" <input type="checkbox"/>	GRIND <input type="checkbox"/>
TOP ROUND	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
CUBE STEAKS	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
STEW MEAT	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
SOUP BONES	YES <input type="checkbox"/>		NO <input type="checkbox"/>		GRIND <input type="checkbox"/>
BURGER	1# <input type="checkbox"/>	1 ½ # <input type="checkbox"/>	2# <input type="checkbox"/>		<input type="checkbox"/>

SPECIAL INSTRUCTIONS