



## Thanksgiving Order Sheet

(all orders must be in by Nov. 20<sup>th</sup> at 4pm)

FAX: 214/432-1906

TEL: 214/432-1900

E-MAIL: [INFO@VICTORYTAVERN.COM](mailto:INFO@VICTORYTAVERN.COM)

<b>MAINS – (serves 6-8)</b>	<b>Price</b>	<b>#Amount</b>
Maple Brined Turkey Breast with Giblet Gravy	<b>\$60</b>	
Rosemary Roasted Colorado Leg of Lamb	<b>\$65</b>	
Pineapple Glazed Black Forest Ham	<b>\$55</b>	
<b>SIDES – (serves 6-8)</b>		
Fall Mushroom Stuffing	<b>\$18</b>	
Buttermilk Chive Mashed Potato	<b>\$15</b>	
Roasted Sweet Potatoes with Spiced Pecans	<b>\$15</b>	
Madeira Glazed Carrots	<b>\$20</b>	
Tasso Ham Creamed Corn	<b>\$18</b>	
Texas Organic Shitake Mushrooms & Green Beans	<b>\$25</b>	
<b>PIES – (serves 6-8)</b>		
Tavern Coconut Cream Pie	<b>\$35</b>	
Classic Pumpkin Pie	<b>\$25</b>	
Spiced Apple Pie	<b>\$25</b>	

### CREDIT CARD AUTHORIZATION FORM

Cardholder' Name		Total Amount	\$
Credit Card #	_____ - _____ - _____ - _____	Exp Date (mm/yy)	/
Card Type	____ Visa ____ Mastercard ____ AmEx	Verification Code (On back of Visa/MC or on front of Amex)	

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"The above signed acknowledges that the Client has read and agrees to make this purchase and accepts these prices authorizing this transaction"

### Billing Address

Name:	
Address:	
City, State, Zip code	
Phone:	