



THANKSGIVING ORDER FORM

PICK UP

TIME: _____

LOCATION:

City Pork Catering []

City Pork Jefferson []

City Pork Highland []

Name: _____

Phone: _____

Email: _____

- All orders must be placed before NOON on Wednesday, November 16th
- Pick up November 21st-23rd between 11 a.m.-6 p.m.
- Orders will be picked up COLD - Reheating instructions will be included

- Credit card numbers will be used to HOLD the order
- Card will not be used until pickup - Alternate payment method may be used

A LA CARTE

PRICE	ITEM	QUANTITY
\$129	Whole Smoked Turkey cajun injected, smoked turkey ; comes with brown gravy and cranberry dressing (serves 15-20)	_____
\$169	Whole Smoked Brisket with horseradish aioli & au jus (serves 25-30)	_____
\$84.50	Half Smoked Brisket with horseradish aioli (serves 10-15)	_____
\$37.50 / \$70	Sweet Potato Casserole with nuts & marshmallows on the side	____ / ____
\$37.50 / \$70	Boudin Rice Dressing	____ / ____
\$45 / \$75	Creamed Spinach	____ / ____
\$37.50 / \$70	Smoked Corn Grits	____ / ____
\$37.50 / \$70	Green Beans	____ / ____
\$45 / \$75	Mac & Cheese with mac crumbles on the side	____ / ____
\$37.50 / \$70	Cauliflower Au Gratin	____ / ____
\$25	Chocolate Cream Pie	_____
\$25	Pumpkin Pie	_____
\$25	Pecan Chocolate Chip Pie	_____
\$45 / \$85	Bread Pudding	____ / ____

PACKAGE 1

\$179 Smoked Turkey Breast (serves 15-20)
Two Half Pans (circle choices) Green Beans
Sweet Potato Casserole Creamed Spinach Mac & Cheese
Boudin Rice Dressing Smoked Corn Grits Cauliflower Au Gratin

PACKAGE 2

\$229 Whole Smoked Brisket (serves 15-20)
Two Half Pans (circle choices) Green Beans
Sweet Potato Casserole Creamed Spinach Mac & Cheese
Boudin Rice Dressing Smoked Corn Grits Cauliflower Au Gratin

PACKAGE 3

\$124.50 Half Smoked Brisket (serves 10-15)
Two Half Pans (circle choices) Green Beans
Sweet Potato Casserole Creamed Spinach Mac & Cheese
Boudin Rice Dressing Smoked Corn Grits Cauliflower Au Gratin

FROZEN DRINK

\$65 gal. / \$40 half gal. Bourbon Milk Punch



**CITY GROUP
HOSPITALITY**

CREDIT CARD INFO

Name on Card: _____

Credit Card Number: _____

Address for Card: _____

Expiration Date: _____

CCID: _____

NOTES
