

Cold Option Menu

Name: _____ Room/Class: _____ Date: _____ Payment: _____

Please tick one:

Baguette

Malted Wheat
White

Bread

White Bread
Brown Bread

Rolls

Floured Bun
Gluten Free White Roll

Fillings (please tick one)

Tuna/Mayo <input type="checkbox"/>	Ham <input type="checkbox"/>	Egg & Cress <input type="checkbox"/>
Cheese <input type="checkbox"/>	Chicken Mayo <input type="checkbox"/>	Strawberry Jam <input type="checkbox"/>

Salad for your sandwich

Tomato
Lettuce
Cucumber

Fruit

Apple <input type="checkbox"/>	Orange <input type="checkbox"/>	Grapes <input type="checkbox"/>
Banana <input type="checkbox"/>	Kiwi Fruit <input type="checkbox"/>	

Crisps

Salt & Vinegar
Ready Salted



***Please hand your form to the Kitchen**