



303-506-1523 • xceedfitness@comcast.net
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Bella Cuisine *Order Form*

Name: _____

Package: _____

Delivery Address & Any Delivery Instructions: (New Customers only)

Best Phone Number(s): _____

***Please email choices (or attach this PDF to an email), call in your choices or drop them off to Kate by the Wednesday before the week of the meals below.

Meal Options:

___ **Black Bean Tamale Pie**

___ Ground Turkey ___ Ground Buffalo

___ **Deconstructed Hummus Salad with Chicken Satay**

___ **Steak (Chicken or Bison Steak) with Argentine Chimichurri Sauce**

___ Flank Steak ___ Chicken ___ Bison Steak
___ Quinoa with Squash ___ Brown Rice with Squash

___ **Cacao Mole Tacos**

___ **Thai Basil Chicken or Shrimp with Brown or Forbidden Black Rice**

___ Chicken ___ Shrimp
___ Brown Rice ___ Black Rice

___ **Bison Lasagne**

___ Whole Wheat Noodles ___ Brown Rice Noodles

Special instructions: _____