

ChicagoHistoryMuseum

English High Tea Menu

Group Name: _____
Contact on Site: _____
Phone: _____
Guest Count: _____

Tour Date: _____
Delivery Time: _____
Fax: _____
Email: _____

Julius Meinl Tea Service

Julius Meinl Teas – Regular/Herbal
Honey, Sugars, Lemon, Cream

Menu Options

Quantity

Savory Morsels

House Cured Salmon (open faced) Tea Sandwich with Dill Mayonnaise & Snipped Fresh Dill on Triangle of Crustless Sourdough Bread
Traditional Egg Salad Tea Sandwich on Triangle of Crustless Multigrain Bread
Ham Phyllo Rolls with Honey Cured Ham, Lacy Swiss Cheese in Phyllo Dough Roll
Tarragon Chicken Salad Beggars' Purses
Rosemary White Cheddar Scones

Quantity

Dainty Sweet Bites

Grapes au Bleu & Toasted Walnuts
Red Velvet Scones with Vanilla Icing
Dried Cranberry Fruit Scones with Clotted Cream & Raspberry Jam
Chocolate Truffles
Raspberry Shortbread Heart-shaped Cookie
Mini Carrot Cupcakes with Vanilla Bean Cream Cheese Frosting

Service Includes:

A Choice of: Three Savory and Three Sweet Items per group

White table cloth and napkins, served on disposable ware

\$16.00 per person + 10.75% Tax

Client Signature: _____

Fax to Kate Gueorguieva @ 312.799.2529 or email at kgueorguieva@tasteamerica.net

Audrey Womack is the Chicago History Museum Contact @ 312.799.2162/womack@chicagohistory.org

There is a 10 person order minimum and a 50 person order maximum for all tea orders.

Final count and payment are due five (5) business days prior to event.

Please allow 48 hours for cancellations.

ChicagoHistoryMuseum

CREDIT CARD AUTHORIZATION FORM

1. DATE: _____
2. I, _____ AUTHORIZE **THE CHICAGO HISTORY MUSEUM'S NORTH & CLARK CAFE** TO CHARGE MY CREDIT CARD ACCORDING TO THE DETAILS BELOW. I GUARANTEE FULL PAYMENT OF THE ACCOUNT AS DESCRIBED.
3. DATE OF FUNCTION: _____
4. EVENT NAME: _____
5. CONTACT NAME: _____
6. TIME OF EVENT: _____
7. ESTIMATED GUEST COUNT: _____
8. CHARGE TO: AMEX MC DISCOVER VISA
(Circle one)
9. CARD NUMBER: _
EXPIRATION DATE: _ _ / _ _
SECURITY CODE: _ _ _
10. PLEASE CHECK BELOW:
(Amount to be charged)
 DEPOSIT AMOUNT: \$ _____
 FINAL PAYMENT AMOUNT: \$ _____
 Percentage of gratuity to be added FOR BEVERAGE: _____%
Gratuity at Client's Discretion
11. SIGNATURE OF CARD HOLDER: _____
12. PLEASE PRINT FULL NAME AND/OR CORPORATION NAME AS IT APPEARS ON CARD: _____
13. BILLING ADDRESS OF CARDHOLDER: _____
(Mailing Address)

15. WORK PHONE NUMBER: (_____) _____
16. CELL PHONE NUMBER: (_____) _____
17. FAX NUMBER: (_____) _____

PLEASE ATTACH A COPY OF THE FRONT AND THE BACK OF THE CREDIT CARD AND FAX ALL INFORMATION TO: 312-799-2529.