



# Chicago**History**Museum

## North & Clark Cafe

### Student Group Tour Bag Lunches

Group Name: \_\_\_\_\_  
Contact on Site: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Location: \_\_\_\_\_

Guest Count: \_\_\_\_\_  
Delivery Time: \_\_\_\_\_  
Tour Date: \_\_\_\_\_

### Menu Options

<u>Quantity</u>	<u>Sandwich Description</u>
_____	Turkey and Cheddar Cheese
_____	Beef and Provolone Cheese on White Bread
_____	Peanut Butter and Jelly

Each Bag includes:

Homemade Chips, Medium Chef's Choice Cookie and Choice of Water or Soda  
Napkin Rollups, Hellmann's Mayonnaise and Dijon Mustard Packets Included

**\$8.50 per student \*Children 13 years and younger. A \$50.00 service fee will be added to groups of 25 or more guests.**

Client Signature: \_\_\_\_\_

Fax to Melissa Scheerer at 312.799.2529 or email to [mscheerer@tasteamerica.net](mailto:mscheerer@tasteamerica.net)

Final count and payment are due seven (7) business days prior to event.  
Please allow 24 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:  
 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.***