

ChicagoHistoryMuseum

North & Clark Café

Group Tour Boxed Lunches

Group Name: _____
Contact on Site: _____
Phone: _____
Email: _____

Tour Date: _____
Delivery Time: _____
Location: _____
Guest Count: _____

Menu Options

<u>Quantity</u>	<u>Sandwich Description</u>
_____	Clark Street BLT: Applewood-Smoked Bacon, Lettuce, Tomato, Mayonnaise, Toasted White Bread
_____	Old Town Caprese: Pesto, Oven Dried Tomatoes, Baby Spinach, Fresh Mozzarella, Tomato Focaccia
_____	Lakeshore Drive Tuna: Homemade Tuna Salad, Cheddar Cheese, Lettuce, Tomato, Croissant
_____	North Side Turkey: Oven Roasted Turkey Breast, Smokehouse Bacon, Avocado, Lettuce, Tomato, Mayonnaise, Multigrain Toast
_____	Dearborn Ultimate Ham: Honey ham, sliced tomato, dill pickle slices, lettuce, cheddar cheese, mayo & whole grain mustard, marble rye

Included:
Homemade Chips, Seasonal Fresh Fruit, Medium Chef's Choice Cookie, Soft Drink or Water
Salt, Pepper, Napkin Rollups, Hellmann's Mayonnaise and Yellow Mustard Packets
\$13.50 per person + 10.5% tax. A \$50.00 service fee will be added to groups of 25 or more.

Client Signature: _____
Fax to Kristine Kostrewa at 312.799.2529 or email to kkostrewa@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 : _____ %
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 OR EMAIL kkostrewa@tasteamerica.net