



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 on White Bread
_____	Ham & American 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

\$10.50 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 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 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 KRISTINE KOSTREWA: 312-799-2529.