North & Clark Café
Group Tour Boxed Lunches

Group Name: __________________________________________

Contact on Site: _______________________________________

Phone: ______________________________________________

Email: _______________________________________________

Tour Date: __________________________

Delivery Time: __________________________

Location: __________________________

Guest Count: __________________________

Menu Options

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Sandwich Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clark Street BLT: Applewood-Smoked Bacon, Lettuce, Tomato, Mayonnaise, White Bread</td>
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<tr>
<td></td>
<td>Old Town Caprese: Pesto, Oven-Dried Tomatoes, Baby Spinach, Fresh Mozzarella, Tomato Focaccia</td>
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<tr>
<td></td>
<td>Lakeshore Drive Tuna: Homemade Tuna Salad, Cheddar Cheese, Lettuce, Tomato, Croissant</td>
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<tr>
<td></td>
<td>North Side Turkey: Oven-Roasted Turkey Breast, Smokehouse Bacon, Avocado, Lettuce, Tomato, Mayonnaise, Multigrain</td>
</tr>
</tbody>
</table>

Included:
Homemade Chips, 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.
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