



CHICAGO HISTORY MUSEUM

North & Clark Café

Group Tour Boxed Lunches

Group Name: _____

Tour Date: _____

Contact on Site: _____

Delivery Time: _____

Phone: _____

Location: _____

Guest Count: _____

Email: _____

Menu Options

Quantity

Sandwich Description

_____ **Clark Street BLT:** Applewood-Smoked Bacon, Lettuce, Tomato, Mayonnaise, 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

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.

 CHICAGO HISTORY MUSEUM
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***