

ChicagoHistoryMuseum

North & Clark Cafe

Group Tour Boxed Lunches

Group Name: _____ Tour Date: _____
Contact on Site: _____ Delivery Time: _____
Phone: _____ Fax: _____
Guest Count: _____ Email: _____

Menu Options

<u>Quantity</u>	<u>Sandwich Description</u>
_____	Daley's Wrap: Grilled Chopped Chicken Breast, Smokehouse Bacon, Lettuce, Tomato, Tarragon Ranch, Spinach Wrap
_____	Clark Street BLT: Applewood-Smoked Bacon, Lettuce, Tomato, Mayonnaise, Potato White Bread
_____	Green City Farmers Market: Marinated and Grilled Seasonal Vegetables, Swiss Cheese, Lettuce, Tomato, Mayo, 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
_____	Old Town Ham and Cheese: Honey Ham, Swiss Cheese, Lettuce, Tomato, Mayonnaise

Each Boxed Lunch includes:

Homemade Chips, Seasonal Fresh Fruit Salad & Medium Chef's Choice Cookie
Salt, Pepper, Napkin Rollups, Hellmann's Mayonnaise and Dijon Mustard Packets
Soda or Water provided for each guest

\$12.50 per person + 11% Tax

Client Signature: _____
Fax to Kelli Ferin @ 312.799.2529 or email to kferin@tasteamerica.net

**Final count and payment are due three (3) 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:
(Amount to be charged)
 DEPOSIT AMOUNT: \$ _____
 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.