

# ChicagoHistoryMuseum

## English High Tea Menu

Group Name: \_\_\_\_\_  
Contact on Site: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Guest Count: \_\_\_\_\_

Tour Date: \_\_\_\_\_  
Delivery Time: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Julius Meinl Tea Service

Julius Meinl Teas – Regular/Herbal  
Honey, Sugars, Lemon, Cream

### Menu Options

#### Quantity

#### Savory Morsels

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

House Cured Salmon (open faced) Tea Sandwich with Dill Mayonnaise & Snipped Fresh Dill on Triangle of Crustless Sourdough Bread  
Traditional Egg Salad Tea Sandwich on Triangle of Crustless Multigrain Bread  
Ham Phyllo Rolls with Honey Cured Ham, Lacy Swiss Cheese in Phyllo Dough Roll  
Tarragon Chicken Salad Beggars' Purses  
Rosemary White Cheddar Scones

#### Quantity

#### Dainty Sweet Bites

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grapes au Bleu & Toasted Walnuts  
Red Velvet Scones with Vanilla Icing  
Dried Cranberry Fruit Scones with Clotted Cream & Raspberry Jam  
Chocolate Truffles  
Raspberry Shortbread Heart-shaped Cookie  
Mini Carrot Cupcakes with Vanilla Bean Cream Cheese Frosting

Service Includes:

**A Choice of:** Three Savory and Three Sweet Items per group

White table cloth and napkins, served on disposable ware

**\$16.00 per person + 11.25% Tax**

Client Signature: \_\_\_\_\_

Fax to Kate Gueorguieva @ 312.799.2529 or email at [kgueorguieva@tasteamerica.net](mailto:kgueorguieva@tasteamerica.net)

Audrey Womack is the Chicago History Museum Contact @ 312.799.2162/[womack@chicagohistory.org](mailto:womack@chicagohistory.org)

There is a 10 person order minimum and a 50 person order maximum for all tea orders.

Final count and payment are due five (5) business days prior to event.

Please allow 48 hours for cancellations.

# ChicagoHistoryMuseum

## CREDIT CARD AUTHORIZATION FORM

1. DATE: \_\_\_\_\_, 2009
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: \_\_\_\_\_, 2009
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.***