Chicago History Museum
North & Clark Cafe
Student Group Tour Bag Lunches

Group Name: ___________________________  Guest Count: ________________
Contact on Site: ________________________  Delivery Time: ________________
Phone: _________________________________  Tour Date: ____________________
Email: _________________________________
Location: ______________________________

Menu Options

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Sandwich Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Turkey and Cheddar Cheese</td>
</tr>
<tr>
<td>______</td>
<td>Honey Ham and American Cheese</td>
</tr>
<tr>
<td>______</td>
<td>Peanut Butter and Jelly</td>
</tr>
</tbody>
</table>

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

$8.50 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 Melissa Scheerer at 312.799.2529 or email to mscheerer@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 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)
    ___________________________________________

14. WORK PHONE NUMBER: (__________)___________________________

15. CELL PHONE NUMBER: (__________)___________________________

16. FAX NUMBER: (__________)_______________________________