

GROUP LUNCH MENU

BOXED LUNCH OPTION

Mix of Classic Hoagies \$10 Per Lunch

Italian Hoagie with Lettuce & Tomato
Turkey Hoagie with Lettuce & Tomato
Vegetable Hoagie with Lettuce & Tomato
Cheese Hoagie with Lettuce & Tomato

Accompaniments:

Bag of Potato Chips, Piece of Fresh Fruit, Bottled Water and a Cookie

OR

LUNCH BUFFET OPTION

Minimum of 75 people

<u>Displayed Buffet Lunch \$15 Per Person</u> <u>Choice of (1) Entrée for all guests</u>

Grilled Chicken Breast
Penne with Alfredo Sauce
Orecchiette with Roasted Tomato Sauce

Accompaniments:

Seasonal Vegetables, Herb Roasted Potatoes, Cookie and Bottled Water

*** Gluten Free Options available upon request***

***Options cannot be combined**

8% PA Sales Tax Applied unless PA Tax exempt form is included



GROUP LUNCH ORDER FORM

Thank you very much for your lunch order! It is our pleasure to serve you and your group. To place your group's lunch order, please fill out this form completely and fax it to: 215.409.6650.

Brulee Catering is the National Constitution Center's exclusive caterer. Please contact Carol Short at (215) 409-6639 or email cshort@brulee-catering.com with any questions regarding boxed lunch packages.

NCC Order #: _____

Group Name: _____

Contact Name:	Date of visit:	
Phone #:	Group Size:	
E-Mail:	Confirmed Dining Location:	
Special Dietary Needs:	Lunch Time:	
PLEASE SPECIFY MI	ENU BREAKDOWN	
Boxed Lunch Option Includes choice of sandwich— along with a bag of chips, whole fruit, bottled water and cookie. # of Turkey Hoagies # of Italian Hoagies # of Veggie Hoagies # of Cheese Hoagies	Lunch Buffet Option Includes group's choice of entree— along with seasonal vegetables, roasted potatoes, bottled water and cookie. Circle One: Grilled Chicken Breast Penne with Alfredo Sauce Orecchiette with Roasted Tomato Sauce	
TOTAL COST TOTAL = Boxed Lunch x \$10 = Lunch Buffet: x \$15 = Subtotal = *8% PA Sales Tax = (If applicable, fax PA tax exempt form) TOTAL DUE =	PAYMENT METHOD Circle One Credit Card (see attached form) Check (payable to Brulee Catering prior to visit)	
Orders must be placed at least 15 days in adva	nce of your visit. Payment is due prior to visit.	



CREDIT CARD AUTHORIZATION FORM ALL FIELDS ARE REQUIRED

Group Name:				
Date of Visit:				
Credit Card Type: (circle one)	VISA	MasterCard	American Express	
Credit Card #:				
Expiration Date:	_ CID:	(security code on back of card)		
Name on Card:				
Billing Address:				
I hereby agree that all specified cl order will be charged to the cred	•		ced group boxed lunch	
Signature		Date	Date	
Printed Name			Daytime Telephone	