Group After Hours Dinner
NATIONAL CONSTITUTION CENTER

Priced per person, based upon a minimum of 50 guests. Additional labor charges will apply to groups over 125. Dinner time is 5:00 p.m.

MENU OPTIONS

TIER ONE • $ 2 5
Includes the following:

SALAD
CHEF’S GARDEN SALAD
choice of dressing

ENTREE
Choice of One (1) for All Guests
GRILLED CHICKEN BREAST
PENNE WITH ALFREDO SAUCE
ORECCHIETTE WITH ROASTED TOMATO SAUCE

ACCOMPANIMENT
SEASONAL VEGETABLES
HERB ROASTED POTATOES
DINNER ROLLS

DESSERT
COOKIES

BEVERAGE
Choice of One (1) for All Guests
FOUNTAIN SODA
COFFEE

TIER TWO • $ 3 5
Includes the following:

SALAD
CAESAR SALAD
classic dressing

ENTREE
Choice of One (1) for All Guests
CHICKEN PARMESAN
BEEF LASAGNA
VEGETABLE LASAGNA

ACCOMPANIMENT
SEASONAL VEGETABLES
HERB ROASTED POTATOES
DINNER ROLLS

DESSERT
COOKIES & BROWNIES

BEVERAGE
Choice of One (1) for All Guests
FOUNTAIN SODA
COFFEE

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Prices do not include 8% PA Sales Tax, which will be applied unless a PA Tax Exempt Form (501c3) is furnished at the time the order is placed. All group dinner orders must be placed at least 10 days in advance of your visit, with payment due prior to visit. (All sales are final once order is placed and may not be changed upon arrival.)

Thank you!
To place your group’s after hours dinner order, please fill out this form completely and email or fax it to ATTN: Rose Perez of Brûlée Catering, the National Constitution Center’s exclusive catering partner.

**CONTACT INFORMATION** • Rose Perez, Brûlée Catering
Phone: 215.409.6600 (x6962) • Fax: 215.409.6650
Email: rperez@bruleecatering.com

**Dinner time is 5:00 p.m.** All group orders must be placed at least 10 days in advance of your visit, with payment due prior to visit. Prices do not include 8% PA Sales Tax, which will be applied unless a PA Tax Exempt Form (501c3) is furnished at the time the order is placed. Additional labor charges will apply to groups over 125. (All sales are final once order is placed and may not be changed upon arrival.) Thank you!

**ORDER FORM**

**GROUP NAME:** ____________________________

**GROUP CONTACT:** ____________________________

**PHONE NUMBER:** ____________________________

**DATE OF VISIT:** ____________________________

**NCC ORDER #:** ____________________________

**TOTAL GUEST COUNT #:** ____________________________

**EMAIL:** ____________________________

**SPECIAL DIETARY RESTRICTIONS:** ____________________________

**CHOICE OF ONE (1) FOR ALL GUESTS**
Served with Salad, Vegetable, Starch, Dessert & Beverage (See attached menu for details.)

**ENTREE OPTION | TIER ONE** • $25 per person

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

**ENTREE OPTION | TIER TWO** • $35 per person

- _____ Chicken Parmesan
- _____ Beef Lasagna
- _____ Vegetable Lasagna

**TOTAL # TIER ONE:** _____________ x $25 = $___________

**TOTAL # TIER TWO:** _____________ x $35 = $___________

+ 8% SALES TAX: $___________
If PA Tax Exempt, groups must furnish proof at time of order.

**TOTAL DUE:** $___________

**PAYMENT METHOD:**
- _____ Credit Card
- _____ Check

(see attached form) (payable to Brûlée Catering)

**NATIONAL CONSTITUTION CENTER** • 215.409.6000 (X6962)

525 ARCH STREET • INDEPENDENCE MALL • PHILADELPHIA, PA 19106
GROUP NAME: ________________________________ DATE OF VISIT: __________________________

CREDIT CARD TYPE (circle one): VISA   MASTERCARD   AMERICAN EXPRESS

CREDIT CARD #: ________________________________________________________________

EXPIRATION DATE: ___________________________ SECURITY / CID: _______________________

NAME ON CARD: ________________________________________________________________

BILLING ADDRESS: _______________________________________________________________

EMAIL: ______________________________ PHONE NUMBER: ____________________________

I hereby agree that all specified charges included from the referenced group boxed lunch order will be charged to the credit card listed above.

SIGNATURE: __________________________ DATE: __________________________

PRINTED NAME: ________________________________

For Office Use Only:

Processed by: ________________________________

Processed date: ________________________________