

Group Lunch Vouchers

NATIONAL CONSTITUTION CENTER



Enjoy a fresh, made-to-order lunch in Delegates' Cafe with your group!

To place a voucher 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@brulee-catering.com

All group orders must be placed at least 15 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. (All sales are final once order is placed and may not be changed upon arrival.) Thank you!

ORDER FORM

GROUP NAME: _____

NCC ORDER #: _____

GROUP CONTACT: _____

DATE OF VISIT: _____

PHONE NUMBER: _____

LUNCH TIME: _____

EMAIL: _____

OF VISITORS: _____

SPECIAL DIETARY RESTRICTIONS: _____

We would like to purchase:

STANDARD VOUCHER

Includes Two (2) Hot Dogs, Bag of Chips & Small Fountain Soda

QUANTITY	PRICE	TOTAL
_____	x \$6.75	\$ _____

PREMIUM VOUCHER

Includes Choice of Chicken Fingers or Hamburger, French Fries & Small Fountain Soda

_____	x \$9.95	\$ _____
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DELUXE VOUCHER

Includes Choice of Salad or Cheesesteak, French Fries & Small Fountain Soda

_____	x \$11.95	\$ _____
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SUBTOTAL: \$ _____

+ 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)



CREDIT CARD AUTHORIZATION FORM

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: _____