

MAX & ME

C A T E R I N G

GROUP BOXED LUNCH ORDER FORM

~STUDENT/YOUTH BOXED LUNCH MENU~

\$6.50 PER LUNCH PLUS SALES TAX*

CHOICE OF SANDWICH

Roast Beef on Whole Wheat Sliced Bread with American Cheese and Lettuce
Ham on Whole Wheat Sliced Bread with American Cheese and Lettuce
Turkey on Whole Wheat Sliced Bread with American Cheese and Lettuce
American Cheese on Whole Wheat Sliced Bread with Lettuce
Peanut Butter & Jelly on White Bread

SNACK

Bag of Potato Chips

SWEET

Large Chocolate Chip Cookie

HEALTHY TREAT

Whole Fruit

CHOICE OF BEVERAGE

Bottled Water
Apple Juice
2% Milk

~ADULT BOXED LUNCH MENU~

\$10.00 PER LUNCH PLUS SALES TAX*

CHOICE OF SANDWICHES

Tuna Salad

Albacore Tuna Mixed with Celery in Mayonnaise and Served with Lettuce and Tomato on a Fresh Baked Snowflake Roll

Smoked Turkey

Smoked Turkey, Provolone Cheese, Lettuce, Tomato and Honey Mustard on 12-Grain Sliced Bread

Grilled Chicken

Grilled Chicken Breast, Basil-Mayo, Roasted Red Peppers, Fresh Mozzarella Cheese, Romaine Lettuce, and Tomatoes Served on a Ciabatta Roll

Veggie Club

Zucchini Squash, Portabella Mushrooms, Red Onions, Marinated Peppers, Fresh Mozzarella Cheese, and a Boursin Cheese & Artichoke Spread Served on a Fresh Baked Focaccia Roll

CHOICE OF SALAD

(1 for all guests)

Italian Pasta Salad
Mixed Green Salad with Balsamic Vinaigrette Dressing
Creamy Caraway Cole Slaw

SNACK

Bag of Potato Chips

SWEET

Large Chocolate Chip Cookie

CHOICE OF BEVERAGE

Coke, Diet Coke, Sprite, or Bottled Water



Group Boxed Lunch Order Form

To place your group's boxed lunch order, please fill out this form completely and fax it to (215) 409-6650, **Attn: Max & Me.**

Please call *Max & Me*, the National Constitution Center's exclusive caterer, at (215) 409-6721 or email Sarah@maxandmecatering.com

with any questions relating to the boxed lunch packages.

Our experienced and courteous staff will be happy to assist you!

Group Name: _____ NCC Confirmation No.: _____

Group Contact: _____ Date of Visit: _____

Phone Number: _____ Lunch Time:** _____

E-Mail: _____ Total Visitors: _____

***Dining Location (circle one)**

- Stars & Stripes Lunchroom
- Delegates Cafe
- Boxed To-Go

Special Dietary Needs: _____

Please specify menu breakdown

Youth Boxed Lunch

Includes choice of sandwich and beverage along with a bag of chips, whole fruit, and cookie.

Sandwiches

- ___ Turkey
- ___ Ham
- ___ Roast Beef
- ___ Cheese
- ___ Peanut Butter and Jelly

Beverages

- ___ Bottled Water
- ___ Apple Juice
- ___ 2% Milk

Adult Boxed Lunch

Includes choice of sandwich, salad, and beverage along with a bag of chips and cookie

Sandwiches

- ___ Tuna Salad
- ___ Smoked Turkey
- ___ Grilled Chicken
- ___ Veggie Club

Beverages

- ___ Coke
- ___ Diet Coke
- ___ Sprite
- ___ Bottled Water
- ___ Assortment

Side Salads

(Circle one for ALL)

- Italian Pasta Salad
- Green Salad with Vinaigrette
- Caraway Cole Slaw

TOTAL = Youth _____ x \$6.50 = _____

Adult _____ x \$10.00 = _____

SubTOTAL = _____

(if applicable, fax tax exempt form) **8% Sales Tax =** _____

TOTAL DUE = _____

Payment Method (Circle One):

- Credit Card (see attached form)
- Cash/Check on date of visit w/ previous deposit
- Check payable to *Max & Me Catering* before visit

All box lunch orders must be placed at least 10 days in advance of your visit.

We kindly request full payment prior to visit.

All sales are final for box lunches once your order is placed, and may not be changed upon arrival.

***Tax exempt groups must furnish proof of tax free status (501c3 Form) at the time of your order.**

**** Lunch space in our lunchroom must be reserved in advance with your Group Sales Representative.**



Credit Card Authorization Form

ALL FIELDS ARE REQUIRED

Group Name: _____

Date of Visit: _____

Credit Card Type (circle one): VISA Master Card American Express

Credit Card No.: _____

Expiration Date: _____ CID: _____ (security code on back of card)

Name On Card: _____

Billing Address: _____

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

Signature

Date

Printed Name

Daytime Telephone

For Office Use:

Processed By: _____

Processed Date: _____