## KIDS’ CAFÉ BUFFET MENU PACKAGES

**SCHOOL NAME:** __________________  **CONTACT:** ________________  **PHONE:** _________________  **E-MAIL:** ________________________  **VISIT DATE:** ________________  **CONFIRMED COUNT:** _______

**Served in Millennium Park Room, subject to availability**  
Event Contact: Bryanne Clinton  
E-mail: kidscafe@cafebonappetit.com  
Phone: (312) 443-3842  
Fax: (312) 263-0697  
Please let us know of any guests’ food allergies in advance.  
Please fax this sheet with your itemized counts at least 72 hours prior to your event.

### $5.00 PER PERSON

**PACKAGE “A”**  
**Entrées:**  
- Grilled Cheese and Fries  
- Peanut Butter and Jelly Sandwich with Chips  
- Macaroni and Cheese  
**Sides:**  
- Fruit Cup  
- Veggie Crudité with Ranch  
**Beverages:**  
- Milk Chug  
- Snapple Fruit Juice  
**Dessert:**  
- Assorted Cookies

### $7.50 PER PERSON

**PACKAGE “B”**  
**Entrées:**  
- Lean Turkey, American Cheese, Lettuce, Tomato Sandwich on Wheat  
- Chicken Tenders and Fries  
- Individual Cheese Pizza  
- Grilled Veggie Burgers (available upon request)  
**Sides:**  
- Fruit Cup  
- Veggie Crudité with Ranch  
**Beverages:**  
- Milk Chug  
- Snapple Fruit Juice  
**Desserts:**  
- Brownie  
- Rice Krispy Bar

### $10.00 PER PERSON

**PACKAGE “C”**  
**Entrées:**  
- Vienna Char Dog and Fries  
- Hamburger and Fries (cheese optional)  
- Chicken or Beef Burritos  
- Grilled Veggie Burgers (available upon request)  
**Sides:**  
- Fruit Cup  
- Veggie Crudité with Ranch  
**Beverages:**  
- Milk Chug  
- Snapple Fruit Juice

Canned Coke, Diet Coke, (312) 443-3842 and Sprite available upon request for all packages.
GROUP NAME ______________________ DATE:_______ TIME:_______

School groups may reserve seating for up to 30 minutes. More time is available upon request.

CONTACT NAME:_________________________ PHONE:____________

E-MAIL:_____________________________ GUEST COUNT:_________

25 guests minimum. A final guaranteed guest count is required **72 hours prior to the event**. This number will not be subject to reduction. The guaranteed count or the number of guests served, whichever is greater, will be used when calculating your charges. If a guarantee has not been provided 72 hours before the reservation, the estimated attendance noted on the contract will serve as the guarantee.

PACKAGE SELECTION:    □  A         □  B           □  C

PAYMENT DAY OF:        □  CASH      □  CHECK      □  CREDIT CARD ON FILE

TERMS AND CONDITIONS

Orders must be placed at least two weeks in advance of the scheduled visit. If arrangements must be canceled, a minimum 72 hours notice is required.

Final cost to be determined upon completion of event, unless prepayment arrangements are made to pay by check.

Organizational items, such as corporate posters, banners, signage, logos, or products are not permitted at the Art Institute of Chicago.

Fundraising activities may not take place at the Art Institute of Chicago or in connection with any event or activity scheduled at the Art Institute of Chicago.

Invitations must be approved by Bon Appétit at the Art Institute of Chicago.

Please inform your guests that the Art Institute of Chicago does not allow parties to decorate tables, make any announcements, or bring large gifts onto the property.

A credit card confirmation or prepayment by school or company check is required to secure this reservation.

**A final balance will be presented upon arrival to the lunch. Cash or credit card will be required for payment, unless prepayment arrangements are made by check. We accept Amex, Visa, MC, and Discover.**

Signature:_________________________________ Date:__________________
BON APPÉTIT

KIDS’ CAFÉ
PAYMENT OPTIONS

Prepayment arrangements by check or credit card are permitted.*
Cash or credit card payments must be paid on site to the Kids’ Café manager.
*Cash payments may be combined with a credit card or check to pay final balance.

This note is to authorize Bon Appétit to debit the following credit card account
for the total amount of the luncheon.

AMEX VISA MC DISCOVER
Please circle one.

CREDIT CARD NUMBER:______________________________

EXPIRATION DATE:__________

CARDHOLDER NAME:________________________________

CARDHOLDER’S SIGNATURE:__________________________

TODAY’S DATE:______________

PHONE NUMBER AT WORK:__________________________

The charge to your credit card for this luncheon will read Bon Appétit as the vendor.