Group Vouchers Order Form

Please email completed form to:
catering@neaq.org

Date / Day
Group Name
Guest #
Representative
Phone
Email
Arrival Time

<table>
<thead>
<tr>
<th>Qty</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5.75</td>
</tr>
</tbody>
</table>

**Box Lunch**
- Pick One (1) Sandwich
- Sunflower Butter, Grape Jelly, Whole Wheat Bread
- Ham & Swiss, Lettuce, White Bread
- Turkey & Cheddar, Lettuce, Whole Wheat Bread
- Select One (1) Whole Fruit
  - Apple
  - Orange
  - Banana
  - Pear
- Select One (1) Snack
  - Cape Cod Chips
  - Homemade Cookies
- Select One (1) Beverage
  - Carbonated Water
  - Lemonade

*Boxed Lunches cannot be consumed at the Harborview Café.*

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**Lunch Voucher** $10.00

**Food**
- Hamburger, Cheeseburger, Chicken Tenders, Roasted Sweet Potato & Spinach Bowl or Simple Greens

**Drink**
- Fountain Soda, Chocolate Milk or Milk

**Dessert**
- Fresh Baked Cookie (Chocolate Chip, White Chocolate Chip, Cinnamon Sugar) or Whole Fruit

**Imax Voucher** $4.00

**Small Soda & Small Popcorn**

**Imax Voucher Plus** $6.00

**Small Soda, Small Popcorn & One Candy of Your Choice**

Subtotal $ -
Sales Tax* $ -
Total $ -

*For tax exempt clients, please send your tax exemption certificate along with your order.*

For Credit Card Payments, please complete the Credit Card Authorization Form.
Please make checks out to Patina Restaurant Group and mail to

Patina Restaurant Group, New England Aquarium, Central Wharf, Boston MA 02110
## Credit Card Authorization Form

### BUSINESS CONTACT INFORMATION

<table>
<thead>
<tr>
<th>TODAY'S DATE:</th>
<th>EVENT DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF COMPANY OR INDIVIDUAL(S) (&quot;YOU&quot;):</td>
<td></td>
</tr>
<tr>
<td>PHONE:</td>
<td>FAX:</td>
</tr>
<tr>
<td>COMPANY/INDIVIDUAL ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>CONTACT NAME:</td>
<td></td>
</tr>
</tbody>
</table>

### CREDIT CARD INFORMATION

| NAME OF CARD HOLDER: | |
| LAST FOUR DIGITS OF CREDIT CARD NUMBER: | |
| PLEASE NOTE: ENTER FULL CARD NUMBER AT BOTTOM OF PAGE. | |
| EXPIRATION DATE: | |
| SECURITY CODE: | |
| CARD TYPE: | □ MASTERCARD □ VISA □ AMERICAN EXPRESS □ DISCOVER |
| COMPANY NAME: | |
| COMPANY CREDIT CARD | PERSONAL CREDIT CARD |

### AGREEMENT

I authorize to charge the above named credit card for the payment amount listed below.

**PAYMENT AMOUNT:** $  

### SIGNATURE

X ____________________________________________________________

<table>
<thead>
<tr>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### FULL CREDIT CARD NUMBER:

PLEASE EMAIL THIS FORM BACK TO PATINA@NEAQ.ORG

PATINA RESTAURANT GROUP  
NEW ENGLAND AQUARIUM  
CENTRAL WHARF  
BOSTON, MA 02110  
PATINA@NEAQ.ORG