

Group Vouchers Order Form

Please email completed form to:

catering@neaq.org

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

	Qty	Price
Box Lunch		\$5.75
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.

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		
TODAY'S DATE:		EVENT DATE:
NAME OF COMPANY OR INDIVIDUAL(S) ("YOU") :		
PHONE:	FAX:	
COMPANY/INDIVIDUAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:		
CREDIT CARD INFORMATION		
NAME OF CARD HOLDER:		
LAST FOUR DIGITS OF CREDIT CARD NUMBER:		
<u>PLEASE NOTE:</u> ENTER FULL CARD NUMBER AT BOTTOM OF PAGE.		
EXPIRATION DATE:		
SECURITY CODE:		
CARD TYPE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER		
<input type="checkbox"/> COMPANY CREDIT CARD <input type="checkbox"/> PERSONAL CREDIT CARD		
COMPANY NAME:		
AGREEMENT		
I authorize to charge the above named credit card for the payment amount listed below.		
PAYMENT AMOUNT: \$		

SIGNATURE		
X _____		
Title:	Date:	
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**