



Lunch Order Form

To guarantee your order during the Story of Texas Cafe operating hours, please print and complete this form and fax to 512.320.0468 or call 512.320.0403 with any questions. Cafe hours are 10am-5pm, Monday-Saturday and 12-5pm Sunday. **Please fax this form 5 business days prior to your visit.**

** High volume times for the cafe are the Spring Season - our cafe is open to the public and has limited seating, so reservations made prior to visits will guarantee spot*

** For private event rentals after cafe operating hours, please contact the Museum Events office at 512-936-4601*

Name of group: _____

Date of Visit: _____ Time of Visit: _____

Number of guests: Adults _____ Students _____

Menu Selections: (Please indicate number of orders in spaces provided) ** Vegetarian, dairy free, and vegan options available on request*

ADULT GROUP MENU

Spinach Salad \$5.75 Qty. _____
Spinach, mushrooms, sliced egg, candied pecans, and choice of dressing. Served with crackers and med. drink.

Chicken Ceasar Salad \$6.75 Qty. _____
Romaine, parmesan cheese, black olives, croutons, and dressing with grilled chicken breast. Served with crackers and med. drink.

Soup & Sandwich \$6.00 Qty. _____
Turkey and swiss on wheatberry, pickle, a cup of our seasonally-inspired soup of the day, and med. drink.

Chicken Salad Wrap \$6.75 Qty. _____
Served with fruit bowl, pickle, med. drink.

STUDENT GROUP MENU

Cold Lunches \$5.25
Served with chips, Fig Newtons, granola bar, and small drink.
Turkey & Cheese Qty. _____
Ham & Cheese Qty. _____

Hot Lunches \$5.75
Served with chips, Fig Newtons, granola bar, and small drink.
Cheese Pizza (substitute whole fruit for chips) Qty. _____
Chicken Tenders Qty. _____
Cheeseburger Qty. _____
Burrito: Cheese Qty. _____
Chicken Qty. _____
Beef Qty. _____

METHOD OF PAYMENT *Tax exempt organizations must include a copy of their Texas State Tax Certificate with this form.*

Credit card (*Visa and MasterCard only*)

OR Make checks payable to: The Story of Texas Cafe
 P.O. Box 13106
 Austin, TX 78711-3106

Name on Card: _____

Subtotal: _____

Card # _____ - _____ - _____ - _____

Tax (8.25%): _____

Exp. Date: ____/____/____

TOTAL: _____

Group Name: _____ Contact: _____

Address: _____ Phone: _____ Fax: _____

Print Name: _____ Signature*: _____

Date: _____

** Only signed forms will be accepted. * Please review all informaton before signing*

For office use only--Please do not write below this line.

This fax is to confirm receipt of your lunch order form on: _____.

Thank you!