



Culinary Consulting

## Tempel Lipizzans Performance Group Catering: Season of 2018

### Directions for placing an order for group catering:

1. Complete this form in entirety, indicating the items you want to order from the options provided below and specifying the appropriate quantities based on the size of your group.
2. Provide full prepayment via check (payable to Allynn Pattison, AP Culinary), Visa, or MasterCard.
3. Email ([apattison002@gmail.com](mailto:apattison002@gmail.com)), or fax (847-244-5069) both pages of this order form at least one (1) week prior to your show date/time (final guest count needs to be confirmed 72 hours prior to event).
4. Call (262)287-5305 or email ([apattison002@gmail.com](mailto:apattison002@gmail.com)) for questions and/or assistance.

#### ***Sandwich / Wrap Options – Based on Availability***

*Smoked Turkey Bruschetta, Tomato Basil Relish, Provolone, Caramelized Onion Spread, Lettuce  
On Tomato Focaccia (\$15)*

*Aged Italian Ham, Shaved Fontinella, Oven Roasted Tomato, Basil, Lettuce and White Balsamic Aioli on Demi Baguette  
(\$15)*

*Free Range Chicken Breast, Cheddar, Apricot – Red Chile Aioli, Lettuce & Oven Roasted Tomato on Demi Baguette (\$15)*

*Grilled Summer Vegetable & Roasted Pepper Hummus, Grilled Zucchini, Yellow Squash, Oven Roasted Tomato, Lettuce,  
Basil Hummus, In Tortilla (\$14)*

*All box Lunches Include: Whole Fruit, Vegetable Pasta Salad, Cucumber-Tomato (Picnic Salad), Chips, Bottled Water and  
Cookies 'n Cream Brownie*

*All Box Lunches are presented in Compostable Containers*

*(Optional) Reserved seating under the tent is priced at \$12 per table. Each table seats 8 guests.*

Menu Item	Qty	Price	Total
Smoked Turkey Bruschetta		\$ 15.00	\$
Italian Ham Fontinella		\$ 15.00	\$
FR Chicken Cheddar, Apricot		\$ 15.00	\$
Grilled Vegetable Hummus Wrap		\$ 14.00	\$
Reserved Seating		\$ 12.00	\$



**Tempel Lipizzans Performance Group Catering - *continued***

**Group Information**

Group/Organization/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

On-Staff attending Tempel Farms Contact Name & Cell Number: \_\_\_\_\_

Date your group will be attending the Tempel Lipizzans Performance: \_\_\_\_\_

Total number of people in your group: \_\_\_\_\_

*Additions may be made to the guest count up to 72 hours prior to the date your group will be attending the Tempel Lipizzans Performance. No changes resulting in the reduction of the group number or a refund will be accepted after the order is placed.*

**Payment Information (A formal invoice will be emailed upon receipt of completed form)**

Payment will be made in full 72 hours prior to the scheduled show. Please mark payment option.

Check payable to Allynn Pattison, AP Culinary and mailed to: Allynn Pattison, AP Culinary, 26250 West Heart O' Lakes Blvd, Antioch IL, 60002

Visa

MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Three security digits on the back of this card: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name as it appears on this credit card: \_\_\_\_\_

Billing address for this credit card: \_\_\_\_\_

Any additional balance will be paid, on or before the event date, via:

Check

Above Credit Card

**Order Approval**

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title (if applicable)

\_\_\_\_\_

Date of Approval