

Teachers: This form is due at least (5) business days prior to your visit. Please fax your completed form with final count to 805-577-4158 and we will coordinate your lunch order and meal time with the Reagan Café.



2014 - 2015

Lunch program for schools visiting the Ronald Reagan Library

40 Presidential Drive, Simi Valley, CA 93065

All services subject to availability and prices are subject to change without notice.

We require all menu decisions and final count 5 business days prior to visit.

All prices are per person and already include sales tax and service charges.

All packages are quoted for **20 guests or more**, for groups 20 or less please call our catering office.

To discuss questions regarding food or specialty menus please call the Catering Office at Phone (805) 522-7577.

ELEMENTARY SCHOOLS

\$5.50 per person

Enter Total Quantity: _____

Groups may indicate how many of **EACH SELECTION** is to be prepared:

- _____ Corndog with Condiments
- _____ Turkey Breast Sandwich, served on white bread
- _____ (Vegetarian sandwiches can be prepared on prior request)

Included with the above selection:

Potato Chips, Chocolate Chip Cookie "President Reagan's Favorite", Assorted Juice Box

MIDDLE/HIGH SCHOOLS

\$12.50 per person

Enter Total Quantity: _____

Groups may choose **TWO** of the following selections to be offered and indicate how many of **EACH SELECTION** is to be prepared:

- _____ Large California Turkey Breast Sandwich on Fresh Baked Rolls with Jack Cheese, Tomatoes, Lettuce and Pesto Mayonnaise (on side)
- _____ (Vegetarian sandwiches can be prepared on prior request)
- _____ Fresh Baked Individual Pepperoni & Cheese Pizza (Cheese only on request)
- _____ Air Force One Burger with Cheese...Lettuce, Tomato and Pickle Chips

Included with the above selection:

Potato Chips, Large Chocolate Chip Cookie "President Reagan's Favorite"
Canned Coke, Diet Coke, Sprite or Bottled Natural Spring Water

Tour Lunch payments are to be made in the Café or Pub depending on where your group lunch will be set up and is due the day of your visit: Cash, Check, MasterCard or Visa accepted. Make Checks Payable to: Reagan's Country Cafe

Visit Date: _____ Group Contact Name: _____ Package Total: _____

Group Contact Name: _____ Phone Number: _____

Signature: _____ Email Address: _____

FOR INTERNAL USE ONLY:

EDISON ACCOUNT: _____ YES _____ NO

MANAGER'S SIGNATURE: _____ DATE FAXED TO CATERING: _____

ADDITIONAL NOTES: _____