

# Dallas Museum of Art Atrium Cafe

## Group & School Sack Lunch Packages

Pricing is for groups purchasing lunch arrangements of 20 or more guests.  
Prices reflect average 15-20% savings.

Groups must pre-order and reserve a space in the dining room or outside dining is available in  
Sculpture Garden or Fleischner Courtyard

Payment arranged prior to arrival. Lunches cannot be refunded once purchased.

To Make Arrangements: Atrium Café [Atriumcafe@DallasMuseumofArt.org](mailto:Atriumcafe@DallasMuseumofArt.org)

214-922-1858 or 1862, Fax 214-981-9130  
1717 N Harwood Street, Dallas Texas 75201

DATE of Museum Tour: T W TH F S SU \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Lunch Service Time: Please Circle

11:00am      11:30 am      12pm 1230pm      1pm      130pm      2pm

*Sides cannot vary for each sandwich choice/chosen sides will accompany all sandwiches.  
Individual Substitutions are not available. Choose one Category only. 20% Support Charge will be added to groups dining in the Atrium Dining Room.*

*Beverages served assorted in Iced Bin for guest selection (can soda/bottle water).*

**SACK LUNCH** Includes Beverage and 2 Sides: Choose from Fresh Fruit Cup, Cookie, Brownie Fingers, Bag Chips

Ham & Cheese on Wheat	\$6.5 x _____	= \$ _____	
Turkey & Cheese on Wheat	\$6.5 x _____	= \$ _____	
American Cheese on Wheat	\$6.5 x _____	= \$ _____	
Veggie Sandwich	\$6.5 x _____	= \$ _____	
Grape PBJ (2)	\$6.5 x _____	= \$ _____	
<b>TOTAL ORDERS</b>		<b>_____</b>	<b>TOTAL DUE \$ _____</b>

**BOX LUNCH** Includes Deluxe Sandwich, Beverage, and 2 sides: Chips, Cookie, Brownie Fingers, Fruit Cup, Pasta Salad

Ham & Cheddar, lettuce, tomato	\$9.50 x _____	= \$ _____	
Turkey Club, lettuce, tomato	\$9.50 x _____	= \$ _____	
Vegetable Sand	\$9.50 x _____	= \$ _____	
Chef Salad	\$9.50 x _____	= \$ _____	
Chicken Caesar Salad	\$9.50 x _____	= \$ _____	
<b>TOTAL ORDERS</b>		<b>_____</b>	<b>TOTAL DUE \$ _____</b>

**KIDS SACK LUNCH** Includes 2 Choices: Apple slices, Animal Crackers, Fruit Cup, Juice Box, 12oz Bottle Water

Turkey on Wheat	\$5 x _____	= \$ _____	
Ham on Wheat	\$5 x _____	= \$ _____	
Grape PBJ on White	\$5 x _____	= \$ _____	
<b>TOTAL ORDERS</b>		<b>_____</b>	<b>TOTAL DUE \$ _____</b>

Tax Exemption copy must accompany Order.

Once form is completed, please email or fax to Atrium Cafe

Organization \_\_\_\_\_ Point of Contact \_\_\_\_\_

Date of Order \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ FAX \_\_\_\_\_

Telephone \_\_\_\_\_ EMAIL \_\_\_\_\_

Payment accepted by ISD Check/Cash/Credit Card. Make Payable to "SODEXO DMA"

***This is a PAYABLE INVOICE***