



Saturday, April 14th 2018
12:00 pm to 4:00 pm

RETAIL PARTICIPATION FORM (DUE BY MARCH 23RD, 2018)

Taste of Hillcrest is San Diego's most popular tasting event and attracts over 1,000 participants annually .

BUSINESS NAME: _____

ADDRESS: _____

BEST CONTACT PHONE: _____

EMAIL: _____

MANAGER/OWNER: _____

BUSINESS WEBSITE: _____

FACEBOOK: _____ INSTAGRAM: _____

YES ! I AM A RETAILER AND AGREE TO PAY \$250 AND RECIEVE A TEMPORARY ABC LICENSE, AND BE PAIRED WITH A BEER TASTING ON APRIL 14TH FROM 12PM-4PM. I ALSO AGREE TO PROMOTE MY PARTICIPATION USING THE THIRD PARTY PROMOTIONS PACKAGE SUPPLIED BY THE HBA.

YES ! I WOULD LIKE TO PARTICIPATE IN ANY MEDIA OPPORTUNITIES FOR TASTE OF HILLCREST ie. RADIO ADVERTISEMENT, COOPERATIVE ADS. (THIS IS ON A FIRST COME FIRST SERVE BASIS).

YES ! I WOULD LIKE TASTE OF HILLCREST DECORATIONS FOR MY RESTAURANT (TABLE TENTS, POSTCARDS).

YES ! I WOULD LIKE TO PARTICIPATE IN ANY TELEVISION MORNING SHOW SEGMENTS AND I UNDERSTAND THAT THE TIMES AND SCHEDULES MAY CHANGE RAPIDLY. (THIS IS ON A FIRST COME FIRST SERVE BASIS).

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____ MC/VISA/AMEX/DIS

SECURITY CODE: _____ EXP DATE: ____/____/____ TODAY'S DATE: ____/____/____

SIGNATURE OF MANAGER/OWNER: _____

Please fax, email or drop off this application form to the Hillcrest Business Association at
P: 619-299-3330 F: 619-299-4230 E: Eddie@HillcrestBia.org
Address: 3737 5th Ave. Ste 202 San Diego, CA 92103