

Thursday, December 13th 2017 4:00 pm to 9:00 pm PARTICIPATION FORM

BUSINESS NAME:		
ADDRESS:		
BEST CONTACT PHONE:	EMAIL:	
MANAGER/OWNER:		
BUSINESS WEBSITE:		
FACEBOOK:	INSTAGRAM:	:
I AM A RESTAURANT AND AGREE	E TO PROVIDE 500 FOOD SAMPLE	ES THE EVENING OF THE EVENT
I AM A RESTAURANT OR BAR AN DESCRIPTION OF SPECIALTY SAMPLE	TO DE CEDUED.	ES OF ONE OF OUR SIGNATURE COCKTAIL
	CAN ALSO SPONSOR A BARTEND BARTENDER EMAIL/	ER FOR A RETAIL LOCATION. /PHONE
		ed participation on the day of the event)
	TE IN ANY MEDIA OPPORTUNITIES E ADS AND TV SPOTS. (THIS IS A FI	
YES I WOULD LIKE TO SELL TICKE	TS FOR TASTE N TINIS	
YES I WOULD LIKE TO PROVIDE A	COUPON FOR TASTE N TINIS	
	PAY \$250 AND RECEIVE A TEMPO ER AND PROMOTIONAL MATERIAL	DRARY ABC LICENSE, A SPECIALTY LS.
NAME ON CREDIT CARD:		
CREDIT CARD NUMBER:	MC / VISA / .	AMEX
SECURITY CODE EXP	DATE:/	TODAY'S DATE
CICNATURE OF MANAGER/OWNER.		