

HILLCREST

Taste 'N' Tinis

Thursday, December 13th 2018

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 TO PROVIDE 500 FOOD SAMPLES THE EVENING OF THE EVENT

I AM A RESTAURANT OR BAR AND AGREE TO PROVIDE 500 SAMPLES OF ONE OF OUR SIGNATURE COCKTAILS

DESCRIPTION OF SPECIALTY SAMPLE TO BE SERVED: _____

I AM A RESTAURANT OR BAR AND CAN ALSO SPONSOR A BARTENDER FOR A RETAIL LOCATION.
BARTENDER'S NAME _____ BARTENDER EMAIL/PHONE _____

(*Failure to meet the requirements of this agreement may lead to revoked participation on the day of the event)

YES I WOULD LIKE TO PARTICIPATE IN ANY MEDIA OPPORTUNITIES FOR TASTE N TINIS ie. RADIO ADVERTISEMENT, COOPERATIVE ADS AND TV SPOTS. (THIS IS A FIRST COME FIRST SERVE BASIS)

YES I WOULD LIKE TO SELL TICKETS FOR TASTE N TINIS

YES I WOULD LIKE TO PROVIDE A COUPON FOR TASTE N TINIS

I AM A RETAILER AND AGREE TO PAY \$250 AND RECEIVE A TEMPORARY ABC LICENSE, A SPECIALTY COCKTAIL RECIPE , A BARTENDER AND PROMOTIONAL MATERIALS.

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____ MC / VISA / AMEX

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:** jonathan@HillcrestBia.org

Address: 3737 5th Ave. Ste 202 Fifth Ave. San Diego, CA 92103