



VENDOR PARTICIPATION FORM
FOOD & BEVERAGE

Restaurant Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Website: _____

Each participant will be provided a 6 ft. table and 2 chairs. Please bring any serving plates, forks, spoons and napkins as needed. We highly encourage you to also bring table decor and marketing material you wish to distribute.

I would like to participate and will be serving the following item(s):

(Sorry, no indoor barbequing/grilling - per facility rules)

Special Needs: (Ice, Electricity, etc.) _____

I would like to donate the following raffle item(s): _____

Value: \$ _____

We anticipate between 300 and 400 attendees. Each participating restaurant will be given 2 wrist bands plus 2 complimentary tickets that you may give to friends/relatives, to show our appreciation for your participation.

Please fax completed form to 916.771.8000. For further information, call 916.782.8010.