

RESTAURANT REGISTRATION

EVENT COORDINATOR _____

CONTACT _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ FAX _____

PHONE # OF LOCATION YOU WOULD WANT PEOPLE TO CALL _____

WEBSITE _____

E-MAIL _____

SIGNATURE _____



Monday, October 11, 2010

6:00 to 9:00 p.m.

Cranes Roost Park

at Uptown Altamonte

Send completed registration to:

The Rotary Club of Altamonte Springs

Post Office Box 162322

Altamonte Springs, FL 32716-2333

E-mail - TasteofAltamonte@Yahoo.com

RESTAURANT PARTICIPANT DETAILS

In order to ensure a **GREAT** turnout for **THE TASTE OF ALTAMONTE**, a marketing and promotional campaign will include publicity throughout the local media.

Event Specifics:

Please list the food "Tastes" to be distributed.
(estimated 2,000 attendees):

Provided:

Two 8' tables and two chairs will be provided for each vendor area. We will supply all plates/utensils and supervise entry control. No vehicles will be permitted to remain on site. You will be directed to a designated parking space. Our restaurant site space is limited and will be honored on a first-come, first-serve basis. We will attempt to accommodate special requests, but cannot guarantee them. Maximum eight employees per booth.

Water is available at all restaurant sites.

For more information on this annual event, you may call **407-262-2773**
or visit **www.altamoterotary.org**

