

Restaurant Registration



Monday, October 13, 2008
6:00 to 9:00 pm
Cranes Roost Park
at Uptown Altamonte

CONTACT _____
 COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ FAX _____
 PHONE # OF LOCATION YOU WOULD WANT PEOPLE TO CALL: _____
 WEBSITE _____
 EMAIL _____
 SIGNATURE _____

Mail to:

The Rotary Club of
Altamonte Springs
Post Office Box 162322
Altamonte Springs, FL
32716-2322

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.

Electrical Needs:
 Please state your requirements:

Special Requests/Needs:
 Please state any additional needs in order to make the event successful for your restaurant:

Event Specifics:
 Number of employee identities required: _____
 Please list the food "Tastes" to be distributed.
 (estimated 3,000 attendees):
 1 _____
 2 _____
 3 _____

Two 8' tables with cloths and four 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.

Water is available at all restaurant sites.

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

