

RESTAURANT REGISTRATION



RESTAURANT NAME _____

CONTACT _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ FAX _____

PHONE # OF LOCATION YOU WOULD WANT PEOPLE TO CALL _____

WEBSITE _____

E-MAIL _____

SIGNATURE _____

Monday, October 10, 2011

6:00 to 9:00 pm

**Cranes Roost Park
at Uptown Altamonte**

245 Cranes Roost Blvd.
Altamonte Springs, FL 32701

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 restaurant. We will supply all plates/utensils and supervise entry control. Restaurant to provide 10' x 10' tent for each booth (Restaurant/Health Inspector requirement). 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**

