



EMPTY BOWLS RESTAURANT PARTICIPATION AGREEMENT

Please complete and return with supporting documents. Booths will be assigned on a first-come, first-served basis.

Restaurant name as it is to appear in all print and online promotional materials:

_____ (please print)

Contact Information:

Name: _____ Email Address: _____

Work Phone: _____ Cell (for day of event if needed): _____

Restaurant Address: _____

City: _____ State: _____ ZIP: _____

Company Website: _____

Supporting items required to participate:

Empty Bowls Menu Item(s):

Additional Information

Will you need a catering permit? YES NO

If you do not have a catering permit, TAFB will be happy to arrange a temporary one for TAFB Empty Bowls 2020.

Will you need electricity at your booth? YES NO

Will you need volunteer assistance? YES How many? _____ NO

Signature

Date