

## **Restaurant Agreement Form**

**Deadline for Signup: ASAP** 

Please indicate if you plan to participate in this big Downriver event.

\_\_\_I will participate as one of the restaurants for **Taste of Downriver**, **August 13**, **2024** 

## Please send form back to info@swcrc.com

| Name of restaurant               |     |
|----------------------------------|-----|
| Menu item for Taste of Downriver |     |
|                                  |     |
| Contact Person                   |     |
| E-mail Address                   |     |
| Address                          |     |
| Phone                            | Fax |

\*Note: We suggest that participating restaurants section off a portion of their restaurant to accommodate event patrons.

\*Please indicate if you need an electrical connect from the city for your table or tent:

Yes

No

Fax, Email or mail to: info@swcrc.com

Southern Wayne County Regional Chamber 20904 Northline Taylor, MI 48180 Phone (734)284-6000 FAX (734)284-0198

## To promote return customers, which of

- -Offer our own coupon to attendees: \_\_\_\_
- -Return customers use original Taste of

  Downriver Menu for 15% off their total bill: \_\_\_\_