



Restaurant Participation Form

Contact: _____ Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Company Website URL: _____
Chef Name: _____
Staff Names (Limit 2): _____

Yes! We agree to provide 750 "hors d'oeuvres size" menu item(s).

Donation Value: \$ _____

List 2 Menu Items and Description:

Yes! I want to donate a Gift Certificate to the silent auction.

I have enclosed it in the amount of: \$ _____

I acknowledge the following:

Event is on Saturday August 8th, 2015 at South Coast Botanic Garden, PV
Event Load in is TBD. Food Service begins at 5:00 p.m.

LAFLA will be providing to me:

Front and back work tables with linen

Tabletop signage

Public eating utensils, plates, and napkins

FREE parking for one vehicle

Signed: _____

Date: _____

To respond or get more information:

Maggie Davis, mdavis@lafla.org

www.longbeachgrandcru.com

THANK YOU!