Empty Bowls 2020



PARTICIPANT AGREEMENT FORM

Thank you for reserving your spot at the 2020 Empty Bowls event, please submit this **PARTICIPANT AGREEMENT FORM** as soon as possible. **Space is limited; RSVP to avoid disappointment**

Complete Business Name:			tional materia	()		
Address/City/Postal Code:						
Primary Contact Name:						
Email:		Telephone:				
Name of the Chef preparing soup/foo	d served d	luring the ev	vent:			
Website:		Facebook:				
Instagram:						
I would like to participate in (please ch	eck all tha	t apply):				
O VIP Reception: 5pm – 6pm passed	d hors d'oe	euvres to 200) people			
O Empty Bowls Event: 6pm-9pm se	erving soup	o, beverage s	samples or o	lessert to 500 guests	;	
I will be serving (circle all that apply):	•	Wine	Beer	Hors d'oeuvres	Desserts	
Power outlet required (circle one):		No				
PLEASE NOTE: Approximately two and what you are serving. Please be advise first menu received and may ask you to In accordance with Niagara Region Pub. Application for Food Vendors. We will to the event. This application must be	ed that if wood if your olic Health send you	e find duplic our dish. all food part a link to the	ations in mo cicipants are application	enu items we will how required to complet form at least six we	nour the te an	
Additional Promotion Opportunities: Yes, I would be happy to dona	te a prize f	or the Silent	: Auction (Ite	em Value of \$40 +)		
Yes I would be happy to donat \$10 + each) We collect 300+ p	•	-			ame (Value	
Signature:	Date:					
PLEASE EMAIL, FAX OR MAIL COMPLE Rhiannon Barry Bethlehem Housing and Support Service		1 TO:				

TEL: 905-684-1660 ext. 4 **FAX:** 905-684-1666 **EMAIL:** <u>rbarry@bethlehemhousing.ca</u>

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