

Restaurant Participation Form



Hillcrest Taste N' Tinis 2010
Thursday, December 16th, 2010
5:00 PM to 9:00 PM

&

Taste of Hillcrest 2011
Saturday, April 16th, 2011
12:00 PM to 4:00 PM

Restaurant Name: _____

Address: _____

Phone: _____

Email: _____

Name of Manager/Owner: _____

Signature of Manager/Owner: _____ Date: _____

Description of house specialty sample or dessert to be served: _____

_____ Yes I would like to participate in Taste N' Tinis on Thursday, December 16th, 2010 from 5:00 PM to 9:00 PM

_____ Yes I would like to participate in the Taste of Hillcrest on Saturday, April 16th, 2011 from 12:00 PM to 4:00 PM

_____ Yes I would like to participate in the TV spots (TBD). (Space is limited and on first come, first serve basis)

Morning Phone # _____

_____ Yes I would like to open my business to host a TV spot

_____ Yes I would like to provide food for the "on-air" radio promotions: (Limited Spots Available)

_____ Yes I would like to sell tickets for Hillcrest Taste N' Tinis and Taste of Hillcrest at my restaurant

_____ Yes I would like to provide a recipe for the recipe book for the Taste of Hillcrest, please give a brief description: _____

_____ Yes I would like to provide a coupon for the Taste of Hillcrest, please give a brief description:

Please fax back this registration form to McFarlane Promotions at **619-233-0898** by to be included in the Taste N' Tinis and the Taste of Hillcrest by **October 1st, 2010**. The Hillcrest Association looks forward to your participation and we wish to thank you for your generous time and support.

McFarlane Promotions 656 Fifth Avenue Ste. B San Diego, CA 92101

Phone number: 619-233-5008

Fax number: 619-233-0898