



*Saturday, April 21<sup>st</sup>, 2012  
12:00 p.m. to 4:00 p.m.*

***Restaurant Participation Form***

**Restaurant Name:** \_\_\_\_\_  
*(As you would like it printed on the event collateral materials)*

**Address:** \_\_\_\_\_

**Best Contact Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Manager/Owner:** \_\_\_\_\_

**Signature of Manager/Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of house specialty sample or dessert to be served:** \_\_\_\_\_

**Restaurant Website:** \_\_\_\_\_

**Facebook Page:** \_\_\_\_\_ **Twitter:** \_\_\_\_\_

\_\_\_\_ 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 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 **Wednesday, February 29<sup>th</sup>, 2012** to be included in the Taste of Hillcrest. The Hillcrest Business Association looks forward to your participation and we wish to thank you for your generous time and support.