

A Toast to the Triangle™ Restaurant Participation Agreement

Sunday, March 8, 2015

Held annually by Tammy Lynn Memorial Foundation, Inc. to support Tammy Lynn Center for Developmental Disabilities (TLCDD)

Please PRINT

Business Name: _____
(Print exactly as it should appear in all printed material)

Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Indicate Best Contact Method: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Event Date Contact (If other than the above name): _____ Phone: _____

ELECTRICAL POWER

Number of 110-20 amp outlets needed: _____

Please list Appliances you will bring & AMPS:

- ☐ Example: Display Lights AMPS: 3
- ☐ _____ AMPS: _____
- ☐ _____ AMPS: _____
- ☐ _____ AMPS: _____

FOOD ENTRY FOR JUDGING

All food entries will be judged for Best Presentation
All participant booths will be judged for Best Visual Theme
Please check box for area of competition

- First Course: ☐ If dish is known: _____
- Entrée: ☐ If dish is known: _____
- Dessert: ☐ If dish is known: _____

TABLE LINENS

Will you be bringing your own table linens to cover two 8' serving tables and a 6' preparation table? ☐ Yes ☐ No
(If not, plain white linens will be provided by the Tammy Lynn Center.)

WHAT TLCDD PROVIDES:

- > Toast Publicity in Invitation, Event Guide, Newsletter
- > Serving and Preparation Tables
- > Forks, spoons, knives
- > Plates / Cups
- > Napkins
- > Linen Tablecloths
- > Volunteer "Runners" for supplies

WHAT RESTAURANTS PROVIDE:

- > An .ai, .eps, or .pdf version of your logo (please forward to info@tammylynncenter.org by December 31, 2014)
- > Food for at least 800
- > Serving pieces (chafers, platters, trays, ladles), Cutting boards
- > Tabletop catering burners (NO gas/propane), Ice
- > Props and decorations for your area
- > Set-Up, Service & Clean-Up of your area

PLEASE RETURN BY OCTOBER 31, 2014

By my signature below, I/we agree to participate as a donating vendor in A Toast to the Triangle™ to benefit Tammy Lynn Memorial Foundation on Sunday, March 8, 2015 at NC State University McKimmon Center.

Signed: _____ Date: _____

A copy of this signed Agreement will be returned to you for confirmation.



Tammy Lynn Center Contact: Katherine Cadwallader
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