

# Registration Form

## Taste of Kingston 2011

Saturday, July 9, 2011



Restaurant Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone: (613) \_\_\_\_\_ Fax: (613) \_\_\_\_\_

Will you need electricity for your booth display? Yes  No

Can you e-mail your business logo? \_\_\_\_\_ if so, please send to [sara.jones@diabetes.ca](mailto:sara.jones@diabetes.ca)

Name of your featured food(s):

1) \_\_\_\_\_ Coupons required for this item: \_\_\_\_\_ Minimum 1 – Maximum 5

2) \_\_\_\_\_ Coupons required for this item: \_\_\_\_\_ Minimum 1 – Maximum 5

3) \_\_\_\_\_ Coupons required for this item: \_\_\_\_\_ Minimum 1 – Maximum 5

In 35 words or less please describe your restaurant and/or your featured food(s) for insertion in the Event Program

- No Charge Entrance Fee for participating Restaurants.
- **Attendance Clause:** Confirmed Restaurants who do not participate will be invoiced \$350.
- Food Coupons sold by event volunteers on site.
- Proceeds from Food Coupon sales split **75 / 25 between** *Taste of Kingston* and the participating restaurant.
- Each entrant must present a certificate of insurance showing *Taste of Kingston* as co-insured.

I / We hereby agree to comply with all the Rules and Regulations of the *Taste of Kingston* and the KFLA Public Health.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Please return this form with your letter of co-insurance and artwork before May 2, 2011 to:**

*Taste of Kingston*

Sara Jones

Coordinator or Volunteer Services

Canadian Diabetes Association

541 Days Road, Unit 10

Kingston, ON K7M 3R8

Phone: 613-384-9374

or Fax to 613-384-1079

Email: [sara.jones@diabetes.ca](mailto:sara.jones@diabetes.ca)

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