



**11<sup>th</sup> Annual Taste of Kingston**  
**July 18, 2009 11 AM – 3 PM**  
**Kingston City Hall - Confederation Basin**

**Registration Form**

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Will you need electricity for your booth display? Yes  No

Can you e-mail your business logo? \_\_\_\_\_ If so, please send to [probclub@kingston.net](mailto:probclub@kingston.net)

Name of your featured food(s):

- |          |                                       |                      |
|----------|---------------------------------------|----------------------|
| 1) _____ | Tickets required for this item: _____ | Minimum 1, Maximum 5 |
| 2) _____ | Tickets required for this item: _____ | Minimum 1, Maximum 5 |
| 3) _____ | Tickets 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 into the event program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Entrance Fee: No Charge!**  
**Attendance Clause: Confirmed Restaurants who do not participate will be invoiced \$350.**

Coupon tickets are sold on site: \$1 each. Coupon proceeds split 75/25 between Taste of Kingston and the entrant.  
All vendors will participate in the coupon system only & coupons will be sold by event volunteers on site.  
Each entrant must present a certificate of insurance showing Taste of Kingston as co-insured.

I/We hereby agree to comply with all 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, cheque, and artwork before, 05 June 2009 to:

***Taste of Kingston***  
**Attn: Tony Gargaro**  
*Boys & girls Club of Kingston*  
559 Bagot St,  
Kingston, ON K7K 3E1  
[probgc@kingston.net](mailto:probgc@kingston.net)  
(T) 613-542-3306 ext 27  
(F) 613-542-7964

