Vendor Form

| Name of Establishment: | |
|--|----------------------------------|
| Address: | |
| Key Contact Person: | |
| Phone Number: () | |
| Email: | |
| Name of Dish to be served (entrée, appetizer, or dessert—150 small portions required): | |
| Brief Description of Dish Served: | |
| Vendors will be provided <i>free of charge</i> 1 table top and basic paper needs (plates, bowls, napkins, and plastic utensils. Menus or any other promotional items are welcomed to be displayed. Taste of Elmwood <i>special offers</i> are recommended. | |
| Elmwood Business Association Member? | A collaborative event of: |
| □ Yes □ No Raffle Door Prize? □ Yes □ No | SELF STORAGE & Wine Cellar |
| Door Prize Donations are not mandatory but recommended to increase awareness. | elmwoodbusinessassociation |

Email completed forms to lisag@magnoliatherapyla.com or Fax to 504.734.8869, Atten: Lisa George

Proceeds from TOE will benefit Families Helping Families of Jefferson.