

**ANNA JAQUES HOSPITAL AID ASSOCIATION**  
**GREAT CHEFS' NIGHT AUTHORIZATION FORM**

EVENT DATE: FRIDAY, MARCH 21, 2014

I will participate in Great Chefs' Night, Friday, March 21, 2014. The following is my information.

1. Name of Business: \_\_\_\_\_

2. Address, telephone and fax number, email, website:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Contact person's name, telephone number, best time to contact, email address:  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate the selection(s) you will serve at Great Chefs' with a description of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please provide the names and titles of the servers for the evening:  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Please attach copies of your Massachusetts Food Service License and Certified Food Handler's License.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form is required in order to include your establishment's name in our press releases. Please return by **February 21<sup>st</sup>** to Anna Jaques Hospital, Volunteer Office, 25 Highland Avenue, Newburyport, MA 01950 or FAX to 978-463-1307