

## Taste of Downtown Restaurant Participation Form

Thursday, September 8<sup>th</sup>, 2011 5:00 p.m. to 9:00 p.m.

Restaurant Name:
Address:
Phone:
Email:
Name of Manager/Owner:
Date:Signature of Manager/Owner:
Detailed description of house specialty sample or dessert to be served:
Detailed description of taste samples must be submitted for approval by NO LATER than Friday, July 1 <sup>st</sup> , 2011.
<ul> <li>What is a Taste?</li> <li>Acceptable tastes should consist of a few mouthfuls of your house specialty.</li> <li>Taste samples should be served buffet style or sit down style.</li> <li>One serving per guest.</li> <li>The ultimate goal of the taste is to promote Downtown's fabulous restaurants and cuisine; therefore, McFarlane Promotions reser the right to refuse entry to any restaurant that fails to comply with the standards of the Taste of Downtown.</li> </ul>
Yes I would like to participate in the KUSI TV spot TBD. (Limited to first 8 restaurants)
6:20 a.m. first live spot: Morning Phone #
6:45 a.m. second live spot: Morning Phone: #
I would like to open my business at 5:30 a.m. to host the KUSI spot:
Yes, I would like to provide food for the "on-air" radio promotions with STAR 94.1, Channel 93.3, Magic 92.5, Z90.3, and New Country 95.7: (Limited Spots Available)
Morning Phone #
Yes, I would like to sell tickets to the Taste of Downtown at my restaurant (limited to first 2 entrants from each area)
Please fax back this registration form to McFarlane Promotions at <b>619-233-0898</b> by <b>Friday</b> , <b>July 1</b> <sup>st</sup> , <b>2011</b> to be included in the Taste of Downtown.

The Downtown San Diego Partnership looks forward to your participation and we wish to thank you for your generous time and support.