



Restaurant Application

_____ YES! I would like to participate in *Taste of Mississippi*.

_____ No, I cannot participate this year but please contact me in the future.

_____ **Tell us why:** _____

Restaurant Name _____

Mailing Address _____

City _____ **Zip** _____

Primary Contact Person _____

Secondary Contact Person _____

Cell number _____ **Best time to call** _____

Email address _____

_____ Include a link to your website on www.tasteofms.org. Your web address: _____

_____ Yes! We would like to donate a gift certificate for the silent auction and be listed in online and print publicity. (Recommended ~ Mail gift card/certificate with your registration)

Important Information:

All restaurants are asked to **prepare 1500 (4oz) servings.**

- _____ You will receive **(4) event passes** for the staff working the night of the event.
- _____ You may purchase tickets for extra staff needed for (\$50) through March 30th.

Contact Michelle' Bingham at stewpotevents@stewpot.org or 601-540-8555 to purchase additional tickets. **Don't miss your opportunity to establish bragging rights, while supporting Stewpot's and its 13 ministries.**

Please complete this form and return it as soon as possible.

You may also email your application to manisha@heritagehg.com or fax to 601.353.7071.