

# *Taste & Toast the Town™ Beverage Form*

## **Instructions:**

Please indicate the beverage you would like to serve at the September 15th event and indicate what catering equipment you may need. We will contact you to confirm.

## **Please complete this form and mail to:**

Taste & Toast the Town • 380 Washington Avenue, Roosevelt, NY 11575

or fax it to 516-223-3384

Name : \_\_\_\_\_

Beverage: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Would you like to participate in our wine judging? \_\_\_\_\_

## **Catering Equipment:**

Please indicate quantity of each piece of equipment that you need.

## **Service (if applicable)**

Qty: Items:

\_\_\_ Glasses (please note size)

\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

## **Tables Needed**

## **Ice**

Qty:

Qty:

\_\_\_ six foot tables

\_\_\_ ice \_\_\_ lbs. What product is being chilled?

\_\_\_\_\_

## **How much product?**

\_\_\_ plastic chilling tub, 18-inch by 22-inch; 15-inch deep

Would you be willing to donate items or a basket to be used in our raffle?

Yes\_\_\_ No\_\_\_ Description: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_



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Would you be willing to donate items or a basket to be used in our raffle?

Yes\_\_\_ No\_\_\_ Description: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_



# Taste & Toast the Town™ Restaurant / Bakery Form

## Instructions:

Please indicate the dish you would like to serve at the September 15th event and indicate what catering equipment you may need. We will contact you to confirm.

## Please complete this form and mail it to us at:

Taste & Toast the Town • 380 Washington Avenue, Roosevelt, NY 11575

or fax it to: 516-223-3384

**Restaurant/Bakery Name :** \_\_\_\_\_

**Dish:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

Would you like to participate in our food judging? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to donate a Gift Certificate for our raffle? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Catering Equipment:

Please indicate the quantity of each piece of equipment that you will need.

### Buffet Service

Qty: Items:

\_\_\_ chafing dish with one insert, 8-quart

\_\_\_ chafing dish, 8-quart round (used for soups)

\_\_\_ sterno for chafing dish      \_\_\_ serving fork, stainless

\_\_\_ serving spoon, stainless      \_\_\_ tongs, stainless

\_\_\_ punch ladle, stainless



### Ice

Qty:  
\_\_\_ ice \_\_\_ lbs. What product is being chilled?  
\_\_\_\_\_

\_\_\_ plastic chilling tub, 18-inch by 22-inch; 15-inch deep

### Tables Needed

Qty:  
\_\_\_ six foot tables

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_

# Taste & Toast the Town™ Restaurant / Bakery Form

## Instructions:

Please indicate the dish you would like to serve at the September 15th event and indicate what catering equipment you may need. We will contact you to confirm.

## Please complete this form and mail it to us at:

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or fax it to: 516-223-3384

**Restaurant/Bakery Name :** \_\_\_\_\_

**Dish:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

Would you like to participate in our food judging? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to donate a Gift Certificate for our raffle? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### Ice

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\_\_\_ ice \_\_\_ lbs. What product is being chilled?  
\_\_\_\_\_

\_\_\_ plastic chilling tub, 18-inch by 22-inch; 15-inch deep

### Tables Needed

Qty:  
\_\_\_ six foot tables

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_