



Name of Restaurant: _____

Street Address: _____

Contact Person: _____

Email Address: _____

Best phone number to reach you: _____

Brief description of your restaurant/cuisine:

We would like to donate a table for _____ guests (indicate # of guests – 8 minimum)

YES! I will host my dinner on Tuesday, January 15th, 2019 (please initial)

Please indicate what spirits might work best for your dinner

Please save this document to your computer files with the name of your restaurant in the document name and return it as an attachment to chefs@sacocktails.org. If you have questions or concerns, please contact us at chefs@sacocktails.org.

Thank you! You will hear back from us soon.