



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)

Please indicate two dates that work best for us to schedule your dinner (between 1.5.2018 and 1.9.2018) _____

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 Elise, elise@sacocktails.org. If you have questions or concerns, please contact Elise, elise@sacocktails.org.

Thank you! You will hear back from us soon.