



Thursday, March 12, 5 p.m. to 9 p.m.

Taste of Third Registration

Restaurant: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please list the menu item(s) you will be sampling for the event:

Please list any drink specials you would like us to promote:

*Participants must have a valid City of Chula Vista business license.

I commit to offer the above item(s) to the 300 Taste of Third ticketholders on Thursday, March 14 from 5 to 9 p.m.

Signature

Date