



RESTAURANT AND/OR CATERER APPLICATION

Name of Business: _____

Name: _____

Name as it should appear in program: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Work) _____ (Home) _____

(Fax) _____ (Cell) _____

Email: _____

Participants: _____ / _____ / _____

FOOD CATEGORIES:

Appetizer _____ Main Course _____ Dessert _____ Beverage _____

Name of Dish: _____

Warming dish needed: _____ Yes _____ No

Ice needed: _____ Yes _____ No

Referred by Coalition Sister: _____

**FAX TO COALITION AT (404) 522-6436
DEADLINE: Friday, October 30, 2009**