



2010 Participation Agreement

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

CONTACT NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

PLEASE CHECK ONE:

- \$75 Bon Appetit**
- Or to waive my booth fee** **I will donate a silent auction item valued at \$75 or more**
- \$100 Maitre'd** **\$200 Sous Chef**
- \$500 Executive Chef** **\$750 Sommelier** **\$1,500 Grand Sommelier**
- I am a member of the Texas Restaurant Association or Galveston Restaurant Association

TOTAL AMOUNT DUE \$ _____

- Please Bill Me Check Enclosed MasterCard Visa American Express

Account # _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

PARTICIPATION AGREEMENT MUST BE RECEIVED

BY: THURSDAY, SEPTEMBER 16, 2010

Galveston County Restaurant Association
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