

Taste at ArtSplash!

RESTAURANT QUESTIONNAIRE

Restaurant Name: _____

Restaurant Location: _____

Restaurant Contact: _____

Health Permit # _____ Expiration Date: _____

Phone #: _____ Email: _____

Planned "Taste" (i.e. Chowder, Chocolate Cake, etc.):

(Please Stay With Listed Item(s) - Will Be Publicized)

Will Restaurant Display a "Participant" Sign(s) in their store(s)?

Yes_____ No_____ If yes, how many needed:_____

Will Restaurant be bringing propane-powered equipment or other sources of open flames? (for Fire Department plan and tie-down requirements):

Yes_____ No_____

If yes, what? _____

Restaurant Needs From ArtSplash: (aside from tables and tablecloths, assistance bringing food and supplies to/from vehicles, volunteers to mark off customers' tickets, and a hand-painted name sign)

Electrical Power? Yes___ No___

If yes, Amps and Volts: _____

Water (for steam trays, etc.)? Yes_____ No_____

If yes, approximate number of gallons _____

Other ArtSplash Volunteer Help? Yes_____ No_____

If yes, how many and for what purpose? _____

Anything Else? _____

Please email to gduerst@sbcglobal.net or fax to 760-729-5191 ASAP
THANKS FOR YOUR PARTICIPATION!