

THE CAMBRIDGE LICENSEE ADVISORY BOARD PRESENTS:



**Taste of Cambridge 2010 - Restaurant Participation Agreement**

Name of Establishment: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Chef's Name: \_\_\_\_\_

Grill Requested Yes \_\_\_\_\_ No \_\_\_\_\_

**I am prepared to bring at least 1000 samples and will stay until the end of the event.**

It is hereby agreed (Please print your name) \_\_\_\_\_ holds the Harvard Square Business Association harmless from any liabilities incurred at the Taste of Cambridge event. Your signature confirms your agreement to all of the terms outlined in this application packet.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Please Note:**

- **Your establishment will be included on the TOC Website, TOC Social Networking sites, and in all promotional materials upon returning all forms!**
- **All participation forms must be returned by May 10th, 2010!**
- **Tables and Grills are limited and will be assigned on a first return/ first assigned basis!**

Thank you for your participation and support!