



PARTICIPANT APPLICATION FORM

PLEASE NOTE: Submission of this application form does not guarantee admission as a Vendor. All applications will be reviewed by the event committee prior to acceptance.

Restaurant/Business Name: _____

Address: _____

Contact: _____ Email: _____

Website: _____

Phone Number: _____ Cell Phone: _____

As an official participant in the 2018 *Taste of Covina* event I agree to bring samples of the following items:
Please note, a minimum of two (2) items must be provided. Tastes should measure between 4 to 6 ounces.

Item One: _____

Item Two: _____

By signing this form I also agree to bring all serving utensils, plates, cups and napkins needed for my samplings, in addition to a gift card valued at \$25.00 for the event 'Gift Tree'. I understand that the Chamber will provide me with two (2) six (6) foot tables and basic linens for me to utilize in my vendor space. In the event that I am unable to attend the event, I agree to notify the Chamber immediately so that a participant from the waiting list may be added.

List below the type and size of cooking equipment you will be bringing. This information is needed to meet Fire Department regulations:

PLEASE NOTE: YOU MUST INCLUDE A COPY OF YOUR MOST RECENT HEALTH PERMIT WITH THIS REGISTRATION FORM.

Signature

Date

If you have any questions, contact the Covina Chamber office by calling 626.967.4191 or by emailing chamber@covina.org. We look forward to working with you!