



Restaurant Application Form

_____ YES! I would like to participate in *2016 Taste of Mississippi*.

_____ No, I cannot participate this year but please contact me in the future.

Restaurant Name _____

Mailing Address _____

City _____ Zip _____

Primary Contact Person _____

Cell number _____ Best time to call _____

Email address _____

Extra opportunities to promote your restaurant:

Please select:

_____ Include a link to your website on www.tasteofms.org. Your web address: _____

_____ Yes! We would like to donate a gift certificate for the silent auction and be listed in online and print publicity. (Mail this with your registration, or we will contact you soon to make arrangements for pick up.)

2016 Important Information:

All restaurants are asked to **prepare 1000 (4oz) servings**.

You will receive **(4) staff event passes** for the staff working the event. Other staff may purchase tickets for half-price (\$40) through March 18. Contact Georganna Keenum at gkeenum@graydaniels.com to purchase additional tickets. Each year restaurants **compete for the following awards**: Best Appetizer, Best Entrée, Best Dessert, and Best Dressed Table Display. Don't miss your opportunity to establish bragging rights.

Please complete this form and return it before March 1, 2016.

Note that space is limited and we will fill up!

Email to gkeenum@graydaniels.com or fax to 601.591.4355.