## FOOD VENDOR AGREEMENT



Saturday, November 7, 2015 7-10 p.m. Rosen Shingle Creek



An evening of food, wine and spirits paired with an auction to benefit academic scholarships at Valencia College and the highest priority of needs at Orlando Health.



Contact Name	Restau	rant Name			
How would you like the organia	zation recognized in our printe	d material? E-1	mail Address of Contact		
Phone	Extension	Fax			
Address		City	State	ZIP	
What signature food items are you graciously providing?		In what quantity? (Possibly 1000 attendees)			
Will you provide plates, cups, utensils?		Do you have signage? Please specify.			
How many table(s) do you require? (Based on event site availability.) Will you be bringing décor? O Yes O No		What dimension of space (min) is needed? (An approximate area of 18x18 will be provided.) Do you have a booth for this purpose? O Yes O No			
How many representatives will you have at the pooth/tables?		Will you provide linens, skirting? Do you require linens? (Quantity?)			
Do you have any electrical needs? Please be specific.		How much time d	How much time do you require to set up on Nov. 7, 2015?		

\*Please note that only cassette cooking is permitted in the ballroom.

Questions? You are welcome to contact our office at 321.841.2272. THANK YOU!