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!