



Restaurant Agreement Form

Deadline for agreement: ASAP

Please indicate if you plan to participate in this big Downriver event.

___I will participate as one of the restaurants for **Taste of Downriver, August 10, 2021**

Please send form back to rpilon@swcrc.com

Name of restaurant _____

Menu item for Taste of Downriver _____

Contact Person _____ Title _____

E-mail Address _____

Address _____

Phone _____ Fax _____

***Note: We suggest that participating restaurants section off a portion of their restaurant to accommodate event patrons.**

***Please indicate if you are in need of an electrical connect from the city for your table or tent:** **Yes** **No**

Fax, Email or mail to: rpilon@swcrc.com

Randy Pilon, Marketing & Operations Manager
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Phone (734)284-6000 x 28 FAX (734)284-0198

To promote return customers, which of following would you prefer:

- Offer our own coupon to attendees: _____
- Return customers use original Taste of Downriver Menu for 15% off their total bill: _____