



## Restaurant/Winery Participation Form

**12<sup>th</sup> Annual *A Taste of Autumn*  
Citrus College Campus  
Sunday, October 4, 2009  
4:00 p.m. – 8:00 p.m.**

\_\_\_\_\_ Yes, we are interested in participating this year! Please send me additional information about the event.

\_\_\_\_\_ Yes, we are interested in participating this year! Please send me additional information about the event. We would also like to offer a gift certificate or gift basket for your silent auction.

\_\_\_\_\_ No, we are unable to participate this year but are willing to offer a gift certificate or gift basket for your silent auction.

Restaurant/Winery Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Manager Name (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Please fax this form to Chris Stoner at 626-914-8871. If you have any questions, please contact Chris at 909-921-7859.

Thank you for your interest!