



Taste of SANTA FE



FOOD & WINE VENDOR AGREEMENT

SATURDAY COMMUNITY TASTE EVENT

Saturday event time 2:00 PM to 6 PM Setup time 11:00 AM / Breakdown time 6:15 PM

Name of Participant _____

Primary Contact Person _____

Mailing Address: _____
(Street/PO Box) (City / State / Zip)

Phone _____ E-Mail _____

Alternate Contact _____
(Name / E-Mail / Phone)

Restaurant serving FOOD only! _____

Winery serving WINE only! _____

Serving Desert only! _____

Does your booth require electricity? Please check one: YES _____ NO _____

You will receive more detailed information regarding City and Health Permitting.

PLEASE SIGN AND RETURN NO LATER THAN APRIL 30TH, SPACE IS LIMITED!

Return signed agreements to:

Museum of New Mexico Foundation
Attn: Marina Colon
PO Box 2065 / 116 Lincoln Ave.
Santa Fe, NM 87504-2065

E-mail: marina@museumfoundation.org
or fax: 505.982.0606

Restaurant / Winery Representative

Date

www.tasteofsantafe.com

Taste of Santa Fe by the Museum of New Mexico Foundation Business Council benefiting the New Mexico History Museum

marina@museumfoundation.org or Marina Colon at 505.982.6366 ext 107 • fax 505.982.0606