



## CULINARY DEMONSTRATION APPLICATION

Restaurant/Company name: \_\_\_\_\_

Contact Person for Follow-Up: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone or Weekend Number: \_\_\_\_\_

Email: \_\_\_\_\_

Chef's Name : \_\_\_\_\_ ( to be used on signage)

Check preferred date and time. Please indicate 1<sup>st</sup> choice, 2<sup>nd</sup> choice and 3<sup>rd</sup> choice. All times are approximate and may change slightly based on specific activity.

**Preferred Date and Time:**

Friday, 6/13	6pm <input type="radio"/>	7:30pm <input type="radio"/>	9pm <input type="radio"/>			
Saturday, 6/14	11:00 <input type="radio"/>	12noon Scene <input type="radio"/>	1:30 <input type="radio"/>	3:00 <input type="radio"/>	4:30 <input type="radio"/>	6:00 <input type="radio"/>
Sunday, 6/15	12noon <input type="radio"/>	1:00 <input type="radio"/>	2:30 Fuse <input type="radio"/>	4:00 <input type="radio"/>		

- *Times are approximant and subject to change*

**Dish to be featured or:** 1<sup>st</sup> Choice \_\_\_\_\_

**Product to be demonstrated** 2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Equipment Needs (please circle):**      **Water**      **\*\*Electricity** (other than the cook top or ovens)

\*\*Note: If electricity is needed, describe equipment to be used \_\_\_\_\_

**Other Needs:** \_\_\_\_\_ (Pending Availability)

Please fill out and return no later than Friday, April 14, 2008 to:  
 Joanna Wyrick: fax: 214-821-1856      or email: jowyrick@prodigy.net