

TASTE OF VALDOSTA
RESTAURANT MENU FORM

Name of Restaurant or Company as it should appear on the menu:

Name of foods being served and price of each IN TOKENS. (**Limit 4 tokens.**) To avoid duplication, final decision of food selection remains with the Vendors & Menu committee:

FOOD ITEM	# OF TOKENS @ .50 EACH
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Name of person who will be in charge of your tasting center:

_____ Phone _____

Please give a phone number where you can be reached at all times

Signed: _____ Date _____

Address where check for token proceeds can be mailed:

Address: _____ Phone _____

Please complete and return by **March 1, 2011 to**

Quota International of Valdosta
P.O. Box 5441, Valdosta, GA 31603-5441, or
ltomberlin@cbt-law.com or linda1till@yahoo.com