

## 12TH ANNUAL BLUE JEANS BALL SUNDAY, APRIL 26, 2015 • MARRIOTT MARQUIS HOTEL

## RESTAURANT/VENDOR PARTICIPATION FORM

## **CONTACT INFORMATION**

	lurant/Vendor Name (as listed on all materials): Name:		
	nurant/Vendor Address:		
	urant/Vendor Phone:		
	urant/Vendor Email:		
Contac	act Name:		
Contac	act Affiliation (if other than restaurant/vendor):		
Contac	act Phone:		
Contac	act Email:		
Restau	urant Twitter Handle/Facebook Page:		
EVENT	IT PARTICIPATION		
	Yes, I would like to be a participating restaurant/vendor for the Blue Jeans Ball (6-8:45 pm	ı).	
	Yes, I would like to be a participating restaurant/vendor for the Blue Jeans Ball reception of Tasting suggestions include hors d'oeuvres and drinks, which will be passed in the foyer (	-	
	Yes, I will donate a gift certificate to my restaurant for \$ for the S	ilent Auction.	
	☐ Please find the gift card enclosed.		
	☐ I will send the gift card via mail.		
	No, unfortunately I am unable to participate in the Blue Jeans Ball this year.		
	n form by <b>January 17, 2015</b> to be included in the invitation y <b>February 28, 2015</b> to be listed in the event program to:		
Attn: B	al Area Food Bank Blue Jeans Ball		
1900 Puerto Rico Ave., NE • Washington, DC 20017			
Email: dmenguy@capitalareafoodbank.org			
Fax: 20	fax: 202.526.1253		