



Date: **Thursday, November 8, 2018**

Time: **6:00—8:30 p.m.**

Location: **Harper McCaughan Town Green**

Expected number of guests: **350**

Thank you for your participation in the Long Beach Chamber of Commerce's Taste of Long Beach. Please provide the following information:

1. Name of your restaurant/company as you want it listed on signage:

Name: _____

Address: _____

Telephone Number: _____ FAX: _____

Website: _____

2. Foods/refreshments you wish to serve: (at least 350 appetizer portions, please)

(Limit to serving 3 items, appetizer portions.)

3. Contact person in charge of your table:

Name: _____

Phone: _____ Cell: _____ FAX: _____

Email: _____

(An 8 ft table will be provided with table cloths. We encourage you to bring menus and/or business cards to advertise your restaurant.)

4. Event Day (Thursday, November 8) contact person in case of last minute questions:

Name: _____

Phone: _____ Cell: _____

Please call Gabrielle Rose, 228-604-0014, or Pam Sanders, 228-596-3360, if you have any questions or requests. Thank you again for participating in *A Taste of Long Beach*. This will be a fun event which will benefit education, small business grants, and business development initiatives in our community.

Please complete and mail to Long Beach Chamber at 11975 Seaway Rd, Suite B120, Gulfport, MS 30503 or email to grose@mscoastchamber.com.

Application due by October 16, 2018

Signature: _____

Title: _____

Date: _____



Mississippi Gulf Coast Chamber of Commerce, Inc.

Please give a 5 day notice if not participating