

## **Red Hook Restaurant Participation Commitment Form**

Restaurant:			
Contact Name:			
A delenant			
City, Zip:			
Email:			
Phone:			
Payment Options: - Entry	Fee: Restaurant Par	ticipants \$50	
American Express	Discover	MasterCard	Visa
Card #		Security Code	-
Expiration Date	Cardholder	Name	
Cardholder Signature		Date	
Restaurant Participants Please list the menu item	s you are planning to	sell below (maximum 3 o	offerings)
ltem 1			
Item 2			
Item 3			

Registration must be received no later than <u>Saturday</u>, <u>August 3rd</u> via email to Jimmy Loveland at: <u>loveto@islands.vi</u> Tel. 340-775-9500

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