



Presented by:



PARTICIPANT REGISTRATION FORM

Company Name: _____

Company Email: _____

Company Address: _____

“On-Site” Contact Name: _____

Company Phone: _____

“On-Site” Contact Cell #: _____

_____ is pleased to make a pledge of the following “In Kind” contribution supporting ACLAMO Family Centers.
(Your Company Name)

Please describe the item/dish you will be providing:

Is your dish vegetarian? YES NO

Is your dish vegan? YES NO

Will you require the following? Please check all that apply:

_____ Forks _____ Spoons

_____ Plates _____ Insulated cups/bowls (for soups/hot liquids only)

Butane is allowed. You may wish to use chafing dishes or electric. Electricity is limited. You must request electricity when you register – it is not guaranteed.

Electric requested? YES NO

Number of staff that will be on-site (4 person limit) _____

Will you need CAI student assistants? YES NO If yes, how many? _____

\$_____ : Total estimated fair market value of above described in-kind donation.

For acknowledgement this contribution on its website, e-newsletter and printed program, please e-mail a high resolution logo to ACLAMO Executive Director Nelly Jimenez-Arevalo at **nellja@aclamo.org**

I have read the information printed above.

Please print your name: _____
(Entering your name and sending this form to Rolling Barrel represents acceptance of these terms.)

Signature: _____

Date: _____

ACLAMO is a non-profit organization - Our tax ID number is 232059489.

Please scan and email the above information and return by April 15, 2016 to ROLLING BARREL (ACLAMO's event organizer):

ROLLING BARREL - jenna@rollingbarrel.com
Subject: ACLAMO Culinary Celebration 2016

Or fax to Rolling Barrel
Subject: ACLAMO Culinary Celebration 2016
FAX: 610-419-7179

QUESTIONS: nellja@aclamo.org or 610-350-7660