



Thursday, October 14, 2021

Participation Form

Restaurant Name:

Restaurant Owner/Contact Person:

Phone:

Fax:

Mailing Address:

City, State, Zip:

Restaurant Address (if different from above):

Restaurant Phone: _____ Fax: _____ Website:

Email Address: _____ Open: ()

Breakfast () Lunch () Dinner

Number of Table Tents Needed: _____ Number of Posters: _____

Signature

Title

Date

Mail To:

Generations Ashe
Attn: Bevin South

Fax To: 336-246-5724

180 Chattyrob Lane
West Jefferson, NC 28694
Email: bevinsouth@generationsashe.org

For More Information: 336-246-2461