

Carousel of Flavor Menu Form

Please be accurate. The following information will be used for publication purposes.

Restaurant Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Web/Email: _____

ITEM

SAMPLING PRICE \$

PARAGRAPH ABOUT YOUR RESTAURANT:

Carousel of Flavor Menu Form

Please list the dish that you wish to enter for the Culinary Tasting Contest:

Appetizer: _____

Main Dish: _____

Dessert: _____

Electrical Requirements:

If you have any questions in filling out this form, please contact Jill Burbank at 610-970-0624 or cell 484-942-9994.
Thank you for participating in this year's Carousel of Flavor.