



Taste of Lynn Commitment Form

_____ **YES!** We will offer a tasting of our cuisine as a participant in Family & Children's Service **3rd Annual Taste of Lynn** on Wednesday, June 2, 2010 at St. Michael's Hall.

_____ **YES!** We will also donate a Gift Certificate to the **Taste of Lynn Raffle**.

_____ **WE REGRET** that we cannot participate this year. **Enclosed is a Gift Certificate for the Taste of Lynn Raffle.**

Please complete the following information.

Restaurant Name: _____

Chef/Owner Name: _____

Contact Name (if different): _____

Restaurant Address: _____

_____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Restaurant information will appear in printed materials for the event.

Please let us know what you plan to offer at the event: _____

This item is: ___An Appetizer ___An Entrée ___A Dessert Item

Questions? Please consult the enclosed *Frequently Asked Questions* sheet or contact Maureen Willis at Family & Children's Service at 781-598-5517ext. 227 or via email at mwillis@fcslynn.org

Please return this form to:
Family & Children's Service of Greater Lynn
111 North Common Street
Lynn, MA 01902
Or fax to: 781-581-6614