



Tri-C° Culinary Festival
EATS • DRINKS • MUSIC

Cleveland Eats

Participating Restaurant Commitment Form

Saturday, September 16th, 2017

Mall B

**YES! I would like to participate in
Cleveland Eats!**

Restaurant Name: _____
(Please list how you would like to appear in print)

Restaurant Type/Style: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Restaurant Phone Number: _____

Executive Chef Name: _____

E-mail Address: _____ Phone Number: _____

Day-to-Day Contact Name: _____

E-mail Address: _____ Phone Number: _____

Restaurant Website: _____

**Please return this form to clevelandeats@tri-c.edu no later than
Wednesday, May 31st.**

**I have read the Overview and Partnership Summary for Cleveland Eats and I agree
to the menu criteria and restaurant responsibilities.**

- Due to limited space, restaurants who send back a Participating Restaurant Commitment Form will be sent a Menu Selection Form to submit.
- These two forms will be reviewed together by the Culinary Council for acceptance into Cleveland Eats! The Culinary Council will review and choose restaurants based on customer reviews and experience, food variety and local emphasis.
 - All restaurants will be notified of acceptance by 6/30/17.
 - Once you are selected as a Restaurant Vendor we will be sending you updates with logistical and payment information.