



TASTE OF SIOUX FALLS

Restaurant Commitment Form

Valid 2024

Contact Information:

Restaurant Name: _____

Contact: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Event Details:

- Date: Thursday, **September 26, 2024** from 5:30 p.m. to 8:00 p.m.
- Location: ICON Event Hall
- Doors open at 5:30 p.m., so your table and food must be fully prepared by **4:45 p.m.**

What We Expect:

- A W-9 form.
- Tasting samples of one or more dishes for up to **350 guests**.
- A protein in each entrée or appetizer. If you choose a vegetarian, vegan or dessert option, please ensure that it represents that category to the highest level. **No soup.**
- To provide a balanced meal for our guests, we are limiting the number of desserts. Please select your preferred food type, and we will do our best to accommodate your request.
 - Entrée
 - Dessert*

*Preference will be given to restaurants that strictly serve desserts.

- **Menu for the event must be submitted by August 29, 2024.**
- Staff for your station. Most restaurants bring two or three individuals. If you need a volunteer helper, please let us know when you confirm your participation.
- You can decorate your station.
- You can offer coupons, business cards, etc.
- You can pack up your station at 8:00 p.m. – checks will be given out then.

What We Provide:

- A \$595 check at the event to help with expenses.
 - Check here if you wish to donate the payment to assist with SculptureWalk's fundraising efforts and receive verbal recognition at the event.
- An eight-foot table in front of and an eight-foot table behind your station.
- Tablecloths and skirts for your station.
- Specific power requests will be considered with a minimum two-week lead time.

Our guests will vote on "People's Choice" that evening, and we wish you the best of luck!

Signature: _____ Date: _____

If completing this form electronically, your typed signature confirms your commitment to participate in Taste of Sioux Falls.

Please return Restaurant Commitment Form to:

Email: HMcQuade@CorTrustBank.com

Mail: SculptureWalk | 300 S Phillips Ave, Ste L104 | Sioux Falls, SD
57104

Questions? Contact Hillary at 605-444-4012