



Taste of MALTA

2016 REGISTRATION FORM

The Malta Business and Professional Association would like to invite you to be a part of
the **8th Annual Taste of Malta!**

- WHO: 20 MBPA Member Restaurants who want to showcase their fare
- WHAT: 8TH Annual Taste of Malta (filled with prize drawings throughout evening)
- WHEN: Tuesday, July 19, 2016
5:30 – 7:30pm with set-up from 4:30 – 5:30pm
REGISTRATION IS FIRST COME, FIRST SERVE AND MUST BE RECEIVED BY May 30th!
- WHERE: Hudson Valley Community College’s TEC-SMART Campus
345 Hermes Road, Malta
- WHY: Last year roughly 250 people attended the event and proceeds of \$4,000 were donated to the Partnership for Innovation in Education of Ballston Spa Central School District. You will be raising awareness of your restaurant, taking part in a popular community event and raising money for our local school children!
- HOW: Simply fill out the form below and email it to MaltaBPA@gmail.com or send it to MBPA – TOM, PO Box 2394, Malta, NY 12020. We’ll also need a high-resolution logo for your restaurant logo to use on marketing materials emailed to MaltaBPA@gmail.com.

Restaurant Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

We will be serving: _____

To better help us with planning, please answer the following questions:

I _____ Do Need _____ Don’t Need Electric

I _____ Do Need _____ Don’t Need Tablecloths provided by MBPA

I need: 1 or 2 tables for setup (circle one)

I would like to set up _____ Inside or _____ Outside

_____ I would like to donate a dinner gift certificate for the Grand Prize drawing of 12 dinners in a year.

_____ Gift certificate included with my registration OR _____ I will send certificate to PO Box 2394, Malta.