

16th Annual Taste for Los Al

October 15, 2016 6pm-10pm The Shops at Rossmoor

Restaurant Name:		Phone:	
Contact:		Fax:	
Title:	E-mail:		
Address:			
Website:			
Graphic: Email your rest	aurant's logo graphic (vector, jp	eg, tiff or.png preferred) to larrystrawther@gmail.com	
Food item being serve	d:	Please bring a minimum of 750 tastes	
Electricity needed: Ye	s No For what	purpose:	
Two (2) 6-ft tables ar	nd 2 chairs will be provided.		
Other needs: Plates _	Forks Spoo	ns Other	
Gallons of Water (used	I for chafing dishes):		
Will you bring your ow	n signage? Yes No _	or EZ-UP? Yes No	
Number of wrist bands	needed for servers (a	II representatives must be banded4 Maximum)	
		.=	
	INSURANCE IN	IFORMATION	
Insurance Contact:	Company / Agency:		
	Contact:		
		Cell:	
All vendors must pro	ovide proof of insurance an	d add the following	

All vendors must provide proof of insurance, and add the following as "additional insured" for that day.

OUR Los Al, Inc. 3251 Orangewood Avenue Los Alamitos, CA 90720 CPT Shops at Rossmoor, LLC, AEW Capital Management, and their affiliates, officers, agents, employees and equivalents 12501 Seal Beach Blvd., Seal Beach, CA 90403

Vestar Property Management On the Mall Buena Park, CA 90620

These entities can all be placed on one certificate. Please ask your insurance company to **fax the required information** to Larry Strawther at **(562) 431-7001**. If you have questions, call Larry at (562) 522-6670 or email at larrystrawther@gmail.com.

AFTER FILLING OUT THE ABOVE INFORMATION Please EMAIL or FAX TO Larry Strawther at (562) 431-7001