



CARIBBEAN RUM & FOOD FESTIVAL

October 14, 2017 PARTICIPANT COMMITMENT

All participants must complete and sign this form. By signing this form you affirm that you have read, understood and will adhere to the Event requirements outlined in this document.

PARTICIPANT (COUNTRY/COMPANY) NAME: _____

CONTACT: _____ CELL PHONE: _____

EMAIL: _____ SIGNATURE: _____ DATE: _____

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I want to participate at the following level:

CARIBBEAN DESTINATION

() Food Station - \$400 () Rum Station – \$800 () Food and Rum Station – \$1,000 () Lounge – \$1,200

PRIVATE SECTOR

() Food Station - \$400 () Rum Station – \$800 () Food and Rum Station – \$1,200 () Lounge – \$1,500
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I am interested in providing entertainment. Contact us for more information on the entertainer, equipment and other necessities so that you may provide an estimate of any cost associated with the performance.

Attached are certificates and details of the trip that I wish to contribute to the Raffle to raise funds for the Authentic Caribbean Foundation Inc.

I wish to sponsor a Specialty Cocktail () \$500

PAYMENT:

If paying by credit card, charge: AMEX MC VISA

Credit Card Number: _____ CV #: _____ Expire Date: _____

Cardholder Name: _____ Signature: _____ Date: _____

If paying by check, indicate the CHECK #: _____, make the check payable to Authentic Caribbean Foundation Inc. and mail it with a copy of the registration form to: Authentic Caribbean Foundation Inc., P.O. Box 52010, Boston, MA 02205 | Email: foundation@authenticcaribbeanfoundation.org | Tel: 857-271-6006 Please scan form and return by email to: info@caribbeanrumfoodfestival.com