



Restaurant/Store Participation Form

Crisis Services is proud to present **MEN Who COOK**, an evening of fun, food and awareness to celebrate more than 47 years of amazing service to our community. Crisis Services, your safety net since 1968, is a comprehensive crisis center for Buffalo and Erie County. We are proud of the work we do each day to help those who need someone to lean on for support or help to intervene when faced with a crisis situation. We invite you to join us by donating your time to support this one of a kind event where local restaurants as well as some local community leaders and celebrities will prepare their favorite dish for all to enjoy.

Proceeds from this event will support Crisis Services and the numerous programs and services provided to those in crisis 24 hours a day. **This year's event will be held in Statler City's Golden Ballroom on Tuesday October 4 from 6 to 9 pm.**

We are looking for restaurants to commit to being present at the event, prepare and serve a food item from the categories below. Chefs are asked to prepare tasting samples (1-2 oz portions) to serve approximately 300 people. We ask that you prepare all food off site. With your commitment, your restaurant logo and information will be produced on all of our event materials and advertising efforts. Here are the details:

To participate you agree to:

- Be present at the event (arriving by 5 pm) and present one (1) dish, preparing enough food to serve approximately 300 sample sizes (1-2 oz. each) of your dish.
- Adhere to all Department of Health Regulations
- Provide the following by September 1:
 - Completed registration form (next page)

Provided to you:

- Plates, bowls, silverware and napkins will be provided to serve your dish to our guests.
- A chafing dish and warming candles will be at each station, ***if needed***
- A volunteer will be assigned to you to assist you with whatever is needed.
- A **MEN Who COOK** apron & chef's hat, as well as gloves, will be provided to you when you arrive at the event location.

If you have any questions prior to the event please contact Judy Caraotta at Crisis Services at 834-2310, ext. 4467 or e-mail jcaraotta@crisisservices.org



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We will be serving: _____ Appetizer _____ Soup/Salad _____ Main Entrée _____ Dessert

Name of Dish you will serve: _____

Key Ingredients: _____

This dish will be served: _____ Hot _____ Cold _____ Room Temp

Please check all that apply:

_____ Vegetarian _____ Vegan _____ Gluten-Free _____ Low Carb _____ Low Fat

I will need: _____ Chafing Dish _____ Electrical Outlet

_____ Bowl _____ Flat Plate _____ Forks _____ Spoons _____ Serving Utensils

Restaurant/Store Name: _____

Chef Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email address: _____

Please fax completed form to: 834-9881 or email jcaraotta@crisisservices.org

After we receive this form, we will contact you to provide further details for the event.

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