

When

Saturday, November 9, 2024

Time

6pm to 9pm

Where

Gig Harbor Vintage Aero Museum 108 26th Ave NW, Gig Harbor, WA 98335

Contact

jgustanski@gigharborfoundation.org

Beverage Vendor Information & Commitment

About:

The premier benefit for the Gig Harbor Senior Center, **INDULGE** is a **Sip & Savor Experience**

showcasing our local culinary all-stars and libationistas – from wine to coffee, and all in between – with live

music, and more!

Proceeds support the Senior Center's mission to engage, enrich and support our community's seniors through the provision of programs and activities, scholarships, and building a permanent endowment.

Attendance: Estimate 150-200

Details:

Participating libationistas (wineries, distillers, brewers, roasters) will receive a designated space from which to prepare and serve samples to guests.

Participation will be limited to six (6) beverage vendors and is on a first-committed, first-served basis.

Committed vendors will be included in all event marketing produced and distributed throughout the region, social media spots, and other media. Additional opportunities are available for sponsorships. Sponsoring vendors will have their logo included in all regional print and electronic marketing. And, as an **INDULGE** vendor, you may participate in the off-site sales opportunity for a small fee of \$40, which

helps cover transaction fees.

We will participate in INDULGE. Our commitment form and is enclosed.

Vendor Name:	
Contact Person:	
Phone: ()	Email:

Questions? Please contact us at 253.514.6338, ext. 102 or by email listed above.



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Food Vendor Information & Commitment

About:

The premier benefit for the Gig Harbor Senior Center, INDULGE is a Sip & Savor Experience

showcasing our local culinary all-stars and libationistas – from wine to coffee, and all in between – with live

music, and more!

Proceeds support the Senior Center's mission to engage, enrich and support our community's seniors through the provision of programs and activities, scholarships, and building a permanent endowment.

Attendance: Estimate 150-200

Details:

Each food vendor will receive a designated space from which to prepare and serve. There is no commercial kitchen on site, but there will be a special prep area for your use.

Participation is limited to six (6) area food vendors. Each chef/caterer/restaurant may opt to provide up to three (3) savory or sweet taste items. Focus should be on foods that are a unique specialty and that

can be safely and easily served as individual bites (or sips, such as a soup).

All committed vendors will be included in event marketing distributed throughout the region, and our social and email marketing which reaches to about 15,000. Please be sure to bring your own branded

marketing materials to share with guests attending the event!

We will participate in INDULGE. Our application/commitment form is enclosed.

Vendor Name:	
Contact Person:	
Phone: ()	Email:

Questions? Please contact us at 253.514.6338, ext. 102 or by email listed above.

INDULGE Vendor Commitment Form Saturday, November 9, 2024, Event time: 6:00 p.m. to 9:00 p.m.

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a Sur Q	Business Name:					
cavor	Contact Phone #:					
Superiones 1						
Experience						
Address:						
Website:					·	
How did you hear about INDULGE? _						
Type of set up? (circle one) Table	Passed	Other: _				
I/We would like to participate in the understand the event information, applicable fees.						
We will offer one of the following lo	cally grown/p	roduced/di	stilled/brewed	/prepared:		
WineBeerFoodCoffeeSpiritsOther						
Please provide a description of your pro	posed offering	g(s) for the e	vent:			
\$40 - Off-site Sales Fee (limited	d to beverage	es)				
Payment Information:						
Please find my check # fo	r \$ to th	ne Gig Harb	or Senior Cent	er.		
Please charge my credit card f	or \$ Cł	neck one: [VISA M	astercard 🔲 Aı	mEx 🔲 Discover	
Card number:		Exp. Date (ľ	Mo/Year)	/ Security Co	ode (CVV)	
Name on Card:		Signature:				
rerms: By signing below, you are comporevided her and within the vendor FAC - You agree to staff your station at all the state laws, health department guidely	Q form. times during th ines. We hold a	ne event. You a special occ	เ understand tha	at you are responsil	ble for abiding by all	
other permits that may be required IIf any changes are made to your appYou understand payment and applic	lication, you ag	gree to provi			4.	

_____ Printed Name: _____ Date: ____

^{*}By signing this form, you are stating that you are authorized to sign on behalf of the company/organization named above.