



Erie Restaurant Week
March 6th – 11th
Participation Form
Deadline: January 31st

PH: 814-454-7191 x139
Fax: 814-459-0241
Address: 208 East Bayfront Parkway
Erie, PA 16507

Register our restaurant today to participate in Erie Restaurant Week!

Restaurant Name: _____

Contact: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Facebook: _____

Other Social Sites: _____

Hours of Operation:

- Mon ___ am - ___ pm Tue ___ am - ___ pm Wed ___ am - ___ pm
 Thu ___ am - ___ pm Fri ___ am - ___ pm Sat ___ am - ___ pm
 Breakfast Lunch Dinner

Full Restaurant Week:

- Chamber Member Participation Fee: \$100
 Payment enclosed
 Invoice me
 General Non-Member Participation Fee: \$250 – **Payment Enclosed**

Authorized Signature: _____

Date: _____

ERCGP use only

- Posted: Website Facebook x2 Twitter x2 LinkedIn
 Menu/s or Special/s Received Logo Received RW Menu Designed RW Menu Printed