



Restaurant Name: _____

Restaurant Address: _____

Point of Contact: _____ Phone Number: _____
_____ (_____) _____

Email: _____

Web Site: _____

Social Media Handles: _____

Special Promotion/Discount: _____

Hours of Operation: _____

- I will pay the participation fee of \$50
- I will donate \$25 gift card
- I will submit a high resolution logo for my restaurant NLT 2/14/2025
- I will honor the discount listed on this form for the duration of the Taste of Pulaski Count event (March 3-April 15, 2025)

Signature: _____ Date: ____/____/____

****Deadline to register your listing in the Taste of Pulaski County Passport and on the Taste of Pulaski County web site is February 14, 2025.**

Please return completed form to: Email: chamber@wsrchamber.com or mail/drop off to: Waynesville-St. Robert Chamber of Commerce, 137 St. Robert Blvd. Suite B, St. Robert, MO 65584

Questions? Contact the Chamber office at (573) 336-5121.