

ICHA 2010 SWITA Restaurant Registration
Thursday September 2nd, 2010 Idaho Center Sports Arena Concessions Area
5:00 PM to 8:00 PM

Restaurant Name: _____

Chef: _____

Address: _____

City: _____ Zip: _____

Restaurant Phone: _____ Website: _____

Restaurant Email: _____

Menu Item

*Each Restaurant is asked to provide 300 samples.

Representatives

*Registered Restaurants are allowed THREE representatives.

1) _____

2) _____

3) _____



Contact Person

Name: _____ Phone: _____

Email: _____

Logo

*Restaurants will be identified in the event program by their logo. Please indicate below how you will provide your logo.

____ Will email Sue Marostica sueicha@idahocha.com my logo in jpg 300 dpi.

Please email/fax/mail completed registration form to Sue Marostica by March 1st

Idaho Cutting Horse Association
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