

**“A TASTE OF CLAREMONT – 2009”**

**PARTICIPATING ESTABLISHMENTS – “SURVEY OF NEEDS”**

Please fill out the form below in order that Claremont Rotary will be able to fulfill its obligation to our generous contributing establishments

1. If you participated in last year’s event, would you like the same table arrangements as before? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you did not participate in last year’s event, how many 8 foot tables do you require? \_\_\_\_\_
3. Do you need electrical service at your station? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many outlets do you need? \_\_\_\_\_
4. Do you have your own banner that can be displayed above your station?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. What is your Health Department Certificate Number? \_\_\_\_\_
6. What are you planning to serve at the event?  
(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_
7. Do you need volunteers to help serve food/wine? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, number of volunteers needed? \_\_\_\_\_
8. If you have any additional needs or requirements unique to your situation, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If you have any additional questions regarding the above, please call Marc Winter at (909) 670-1042.

Thank you for your participation in this year’s event.