



VENDOR REGISTRATION FORM

34th Annual Taste of North Texas
Thursday, March 27, 2025
6:00 – 8:00 PM, **Golden Triangle Mall**

Please return your registration ASAP!!

Restaurant:	
Contact Person:	Title:
Address:	
City, Zip:	Email:
Work Phone:	Cell Phone:

Indicate the type of food you will be serving (You may serve more than one type of food):

Appetizer: _____ Entrée: _____ Dessert: _____ Beverage: _____

Be prepared to serve approximately 1200 samples!

Each vendor will have a 10x10 space. Please indicate if more space is needed. Please provide your own table if possible (Limited tables are available, 1 maximum. First come first serve):

NO electricity: _____ Table request: Yes _____ No _____

YES electricity: _____ Number of outlets _____

Ask if you have special electrical needs – will require approval by 3/6/24

Number of employees working at your booth: _____ (If you have more than 8 employees working at your booth, you will be required to purchase tickets for the additional people).

All vendors are required to have personnel at their booth for the duration of the event. Please be ready to serve Judges by 5:15 pm and attendees at 6:00 pm. Teardown will begin at 8:00 pm.

_____ *Reservations only honored with authorized signature.*

Authorized Signature

For more information, contact: Telese Gray – 214.649.9223 or Jan Nichols – 940.312.2154
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