

Brewery Partnership Application



Criteria for Partnership - Brewery (*required)

- Brewery is located within or close to the boundaries of Guelph or Wellington County.
- You are willing to work with Taste Real or local food businesses on events promoting local food.
- You are interested collaborating with local producers for specialty brews.

Partnership Agreement

- Yes, we (I) agree to the terms outlined in the Taste Real Criteria for Partnership (above) *required

Signature *(required): _____

Date: _____

Contact Details:

Business Name	«Business»		
Contact Name	«Contact»		
Business Address Street /Town	«Address» «Town» «Province»	Unit or RR#	
Phone Number	«Phone»	Postal Code	«Postal Code»
Email	«Email»		
Website	«Website»		
Social Facebook/Twitter/			
Additional email:			

Partner updates will be sent to the email addresses above. Contact us, if you would like to add another email address at a later point.

Your Must Taste Item (Your businesses' signature item) To be listed online.	(be specific)
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Brewery Partnership Application



1. Taste Real Partnership Dues: (*required)

Includes brewery listing on Local Food Map and additional benefits (see partnership folder)

\$100.00

2. Additional Advertising and Event Opportunities (includes partner discount)

Local Food Map Full colour advertisement on front of map (see enclosed Advertising Rate sheet for details)

- Size 1: Square 2" x 2" \$375.00
- Size 2: Rectangle 1.5" x 3" \$425.00
- Ad 3: Square 3" x 3" \$510.00

Map advertisement (if applicable)

- Please use my 2016 ad
- I will supply a new ad this year (assistance with ad design available)

Local Food Fest - June 25, 2017

Beer sample booth please provide details

Harvest Home Festival - September 24, 2017

Beer sample booth please provide details

Taste Real Experiences - February 2018

Series of local food events, tours, deals and more please keep me informed

3. Payment Information (*required)

TOTALS		PAYMENT
Partnership Dues :	\$ 100.00	<input type="checkbox"/> VISA
Advertising	\$	<input type="checkbox"/> Master Card
Subtotal	\$	<input type="checkbox"/> Cheque (issued to 'County of Wellington')
HST (13%)	\$	<input type="checkbox"/> Please send me an invoice
Total Payable:	\$	<input type="checkbox"/> Please send me a receipt of payment
Card Holder Name:		
Card Number:		
Expiry: mm/yy ____/____	Three digit security code: ____ (*required)	
Card Holder Signature:		

Please send completed forms and payment to :

Taste Real/ County of Wellington,
74 Woolwich St, Guelph ON, N1H 3T9
OR Fax: 519.837.0285
OR christinam@wellington.ca

LOCAL FOOD MAP DEADLINE:

Register by March 31 to be included
in the 2017/18 Local Food Map.

Questions? We would like to hear from you. Contact Christina Mann, Taste Real Coordinator at 519.837.2600 x 2615