



entry form

CONTACT DETAILS

Name of Business: _____

Contact Name: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Website: _____

CATEGORY

Please tick the categories you want to enter (you may enter more than one category)

- | | |
|--|--|
| <input type="checkbox"/> Best Restaurant | <input type="checkbox"/> Best Baker |
| <input type="checkbox"/> Food Pub of the Year | <input type="checkbox"/> Best Butcher |
| <input type="checkbox"/> Informal Dining Venue of the Year | <input type="checkbox"/> Best Suffolk Drink |
| <input type="checkbox"/> Best Delicatessen | <input type="checkbox"/> Producer of the Year |
| <input type="checkbox"/> Best Farm Shop | <input type="checkbox"/> Suffolk Product of the Year |
| <input type="checkbox"/> Best Tea/Coffee Shop | <input type="checkbox"/> Suffolk Food Hero |

CHECKLIST

Please ensure that you have enclosed the following:

- Completed Entry Form(s)
- Supplementary information to back up your application, i.e. price lists, sample menus, stockists details
- Up to 500 words to provide evidence that your business matches the criteria for the appropriate category
- Samples of products and packaging where appropriate

Closing date for entries is Thursday, May 20th, 2010

Please return this form with your supplementary information to:

Jo Reeder, Audience Development, EADT Suffolk Food & Drink Awards, 30 Lower Brook Street, Ipswich, Suffolk IP4 1AN Email: foodanddrinkenquiries@archant.co.uk