



FLAVOR! Host Agreement Host Information

Host 1: First _____ Last _____ Host 2: First _____
Last _____ Address: _____ City _____ State _____
Zip _____ Preferred Phone (____) _____ - _____ Secondary Phone (____) _____ - _____ Email
1: _____ Email 2: _____ Preferred method of contact: ___
Phone ___ Email ; Best time to reach you: ___ Morning ___ Afternoon ___ Evening

Date Preferences

The **FLAVOR!** dining experience schedule runs from September through October. Please select in order of preference your top three dates for hosting your **FLAVOR!** experience.

1st choice _____ 2nd choice _____ 3rd choice _____

Dining Details:

Please provide a description of your dinner event. (**FLAVOR!** co-chairs and GSP staff will gladly assist in completing these details, if requested.) This may include details regarding:

Home/Dining Setting: _____

Culinary region-of-origin: _____

Course descriptions: _____

Wine/Beverage Pairings: _____

Entertainment: _____

Caterer/chef/restaurant participation (if applicable): _____

Options for guest with dietary restrictions (if appropriate and available): _____

Number of Guest spaces available: Minimum _____ Maximum _____

Dining Format: ___ Public (GSP promotes/sells event) ___ Private (Host determines guest list.)

Guest Ticket Pricing: \$ _____ (GSP staff will work with you to provide suggested pricing - typically \$50 - \$175/pp)

Signatures _____ Date: _____

Signature _____ Date: _____

You can email this agreement to Brian Williams, GSP's Director of Development, at bwilliams@gsp-kc.org.