

Empty Bowls 2018

Dear Owner/Chef,



Stratford House of Blessing will be hosting our 8th Annual Empty Bowls Fundraiser and Art and Adventure Auction on Friday November, 23rd 2018 (at The Rotary Complex) from 5:00 – 8:00. We would be delighted to include you in our line-up of fine local chefs, bakers and restaurateurs.

If you have not heard of Empty Bowls before, attendees pay a fixed price and receive a bowl painted by artists and crafts-people from our community. They then dine by enjoying a variety of delicious soups, chillies and stews along with artisan breads. Each restaurant will have their own table, which will be staffed by their own chefs or servers (if you require servers please let us know). Participating businesses are welcome to display information about their restaurant (brochures, business cards, menus, and/or recipes).

This year we are moving to a bigger venue and back to one seating, we will be at the Stratford Rotary Complex.

Please consider how you can support your local food bank. We expect up to 750 in attendance and require:

- Main Dishes (Soup, Rice Dishes, Pasta, Stew, or Chili)
- Artisan Breads (Rolls, Biscuits, Focaccia, Sliced Loaves)
- Baked Goods (Squares, Pastries, Gourmet Cookies)

All funds raised through this event will support Stratford House of Blessing to continue providing emergency support to people in need in our community. This includes food, diapers, formula, healthy school snacks, clothing and housewares to people in Stratford and area. We also provide Off to School Smiling Kits, Christmas Toys and New Baby Layettes to the children in our community.

For more information regarding this great opportunity please contact Lisa Stanley, Development Coordinator at 519-273-3433 ext. 202 or email resources@shob.org.

Thank you for considering sharing your culinary talents and hospitality skills for this meaningful event.

Sincerely,

Theresa McMurray Executive Director

Stratford House of Blessing

Your Event Contact Person Is:

Name: Candace Terpstra

Phone: 519-271-8671 Leave a message!

Text: 519-276-1158

Email: resources@shob.org



Lisa Stanley, Development Coordinator 423 Erie St., Stratford, ON, N5A 2N3 P: 519.273.3433 ext.202 F: 519.273.8020

email: resources@shob.org
REGISTERED CHARITY NO. 119200020RR0001

Name of Restaurant/Bakery:			
Primary Contact Information:			
Name:	Title:		
Phone:	Email:		
Signature:	Preferred Contact: □ Phone □ Email		
☐ We will provide food (200 one cup ser	vings) for Friday Nov. 23/18 from 5:00-8:00 pm		
Our contribution:			
A) □ Soup □ Pasta □ Stew □ Chil	li □ Rice Dish Vegetarian? □ Gluten Free? □		
Name of Main Dish:			
Description:			
	s of Bread Breadsticks or Focaccia		
C) 🗆Squares 🗆 Tarts l	□ Cookies □ Pies □Other		
Number of servings in total:			
Name of Dessert (s):			
☐ My heating unit requires electricity. ☐	I need to use the stove-top at the Rotary Complex		
$\ \square$ I agree to provide the items I have mark	ed above for Empty Bowls on Friday Nov. 23 rd 2018.		
$\ \square$ I agree to arrive no later than 4:30 with r	my food to set up my table at the Rotary Complex		
$\hfill \square$ I am able to provide a staff member from	n my restaurant/bakery to serve at Empty Bowls.		
	d a logo by Aug. 31 st to be used in advertising and staurant/bakery and photographs to be used in media		

Please fax this form to 519-273-8020 along with your Perth District Health Unit vendor application or call Candace at 519-271-8671 or text 519-276-1158 for pick up.



Food Vendor Application

Note: Return this application form to your Special Event Organizer. The Health Unit will not accept individual applications.

For Food Safety information, visit www.pdhu.on.ca . Search for "Special Events".

For Food Safety information, visit <u>www.pana.on.ca</u> . S	search for Special Events .				
Name of Special Event:	Event Date(s):				
Vendor Name:	Vendor Address:				
Vendor Contact Person:	Phone: (B)				
Is this your first time participating in a Special Event? yes no					
If you are from outside Perth County attach your most recent local Health Unit Inspection Report. attached not inspected by any Health Unit					
Food Purchased at: List details of food you will serve (e.g. vegetable soup with chicken stock base; chili with beef)					
Food Preparation 1. a. What food will you be preparing prior to the eventual					
b. Where will this preparation take place?					

2. What food will be prepared at the event:						
3. a	3. a. How will you keep food at safe temperatures during transport to the event? (Cold Food ≤ 4°C, Hot Food ≥ 60°C):					
		Refrigerated truck	Coolers with ice	Thermal containers		
		Other (please specify):				
b. At the event how will you keep cold food cold (below 4°C/ 40°F):						
		Refrigerated truck	Coolers with ice	Not required		
		Other (please specify):				
c. At the event how will you keep hot food hot (above 60°C/ 140°F):						
		Sterno/chaffing dish	Barbeque/grill	Crock pot	Hot plate	
		Not required	Other (please specify):			
(Will you have a thermometer perishable food? Yes		eck the internal temp	perature of	
		u must have hand wash facilit wash set-up:		•	Describe your	
(No	ote	: Bowls or containers with soa	apy or bleach water are una	acceptable.)		

Example of Temporary Hand Wash Station



Vendor's Signature:		
Date:		

For further information, contact the Perth District Health Unit at 271-7600, ext. 252. Listowel area residents call 1-877-271-7348, ext. 252.

The personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7. It will be used for ownership identification, service delivery and enforcement of regulations made under this Act. Questions concerning this collection of information should be addressed to the Director of Health Protection at 519-271-7600, ext. 254.

^{*} If selling only pre-packaged food (eg. pop, potato chips) you are exempt from this requirement. Hand sanitizer is required but a hand wash station is always a good idea.