

Please print and complete in full - All participants

Restaurant Name: _____

Restaurant Address: _____

Telephone: _____ Fax: _____

Website _____

Off-season Telephone: _____

Email Address: _____

Meals Served: Breakfast Lunch Dinner Sunday Brunch

Type of Cuisine Served (*check a maximum of 4*): Seafood Steak American French/Continental

Contemporary American Mexican/Southwest Italian Brazilian Portuguese

Mediterranean Chinese Japanese Thai Other _____

Nine Word Description (e.g. Fresh native seafood, casual pub style, open year round).

My logo is enclosed
 to come

My photograph is enclosed
 to come

Full page participants only

My sample menu is enclosed
 to come

Hours of Operation _____

Open Year Round or Operating Season _____ to _____

Appetizer Price Range: \$ _____ to _____

**Ask about our
QR Code Option
Packages**

Entree Price Range: \$ _____ to _____ Entertainment Yes No

Waterfront Dining Yes No Children's Menu Yes No

Outdoor Dining Yes No Full Liquor License Yes No

Reservations Accepted Yes No Beer & Wine Only Yes No

Functions/Weddings Yes No *Please fill out separate Functions/Weddings form*

Descriptive Copy (*65 word maximum*): _____

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