## C:\Users\FERNANDA\Desktop\cwclogo.bmp

##  Wine Tasting Request Form

California Wine Cellars Inc.

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| Business Information |
| Account Name: |       (New list) | License #: |       |
| Type of Business: |       (Liquor Store, Restaurant, KTV/Bar, Others) | Date: |       (select) |
| Contact Name: |       |
| Phone number:      Email address:      Address: |       City:       State:       Zip Code :       |
|  |
| Requests |

 Proposed date(s) of tasting event

* First desired date:                           (select)

* Second desired date:                      (select)

 Proposed time of tasting event

* First desired time:

 From:            To:            (select)

* Second desired time:

 From:            To:            (select)

 \* Our promotions are usually three hours long but, we would like to add more under your request.

 We have a list of outstanding California wines. Tell us which one or more you want for this tasting.

 (typing )

 What is expected of this tasting event?

|  |
| --- |
| Comments and Additional Requests |

 We hope our customers have an excellent experience, please let us know if you have any special request.

 Additional Comments:

 Requests: