



Tennessee Chapter, Knoxville Office
5401 Kingston Pike, Suite 230
Knoxville, Tennessee 37919
(865) 583-0355

I am happy to announce that plans are under way for the **Sixth Annual Wine on the Water** to be held Friday, October 2, 2009 from 6:30-9:30PM benefiting the **Cystic Fibrosis Foundation**. Our first five years have been a huge success and we could not have done it without participation from local restaurants and food vendors. Therefore, it is my hope that you will join us for another fantastic year.

Wine on the Water is the **Cystic Fibrosis Foundation's** annual wine and food event that raises money to help support vital cystic fibrosis (CF) research and care programs. The event is a relaxed, yet lively, evening featuring wineries, Knoxville's best cuisine and chefs along with live music. We are hoping you will join us this year as a food vendor. As a food vendor you will receive a 10ftx10ft lighted tent, two (2) eight foot tables with linens, name listed on event materials, posters for your establishment and the opportunity to showcase your chef(s) and your fine food to more than 1,500 people.

Cystic Fibrosis is a life-threatening genetic disease that affects the respiratory and digestive systems of 35,000 children and young adults. People with cystic fibrosis suffer from chronic, and often fatal, lung infections and have difficulty digesting food. Although recently developed therapies have made a difference in treating the symptoms of cystic fibrosis, not one life has been saved from this devastating disease.

When you partner with the **Cystic Fibrosis Foundation** at **Wine on the Water**, you are helping to ensure that children and young adults will live longer and more productive lives while helping us to reach our goal of \$75,000 to put towards life saving research.

Please find enclosed a detailed Food Vendor Letter of Agreement to complete and return. If you have any questions please contact Brian Jenkins, Associate Executive Director, at the **Cystic Fibrosis Foundation** office at 583-0355 or via email at bjenkins@cff.org.

We are very thankful to have the opportunity to partner with your company and help promote you and your fine food while raising funds and awareness about cystic fibrosis.

Sincerely,

Kelly Brennan
Wine on the Water Co-Chair

Lisa Lane
Wine on the Water Co-Chair

Wine on the Water Schedule

12PM – 6PM	Event Set Up
5:30PM – 7PM	VIP Reception
6:30PM – 9:30PM	Wine on the Water opens to public



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**Letter of Agreement for Wine on the Water Event
Friday, October 2, 2009 - 6:30PM – 9:30 PM
Volunteer Landing, Knoxville**

As a food sponsor of *Wine on the Water*, the Cystic Fibrosis Foundation will provide the following benefits:

- Company will be marketed as an official food vendor of *Wine on the Water*.
- Company name and/or logo will be included in event marketing collateral.
- Provide tasting station for your food to include one (1) 10ftx10ft lighted tent, two (2) eight foot tables with linens and space for signage at the event (signage provided by restaurant/food vendor).
- Opportunity for you to provide samplings of your foods and to distribute collateral material to more than 1,500 guests.
- The Cystic Fibrosis Foundation will promote your company as a food sponsor of *Wine on the Water* in promotional and media opportunities.
- Four (4) wine glasses per tasting Station and four (4) bracelets

**As a food sponsor of *Wine on the Water*, _____
agrees to:**

- Donate and prepare a tasting portion of food for 1,500 guests
- Provide staff and any necessary equipment for your tasting station and completely set up by 5:30PM.
- Display *Wine on the Water* poster in your restaurant from September 1 – October 2, 2009.
- List the Cystic Fibrosis Foundation as “additionally insured” under your company’s insurance.

Please note: The use of cooking oil is not permitted

We are very thankful to have this opportunity to work with your company. Your participation will ensure that *Wine on the Water* will be a huge success again this year. Please sign this *Letter of Agreement*, either send or fax the original back to the Cystic Fibrosis Foundation and keep a copy for your file.

As a food vendor, I understand what is being asked and will abide by the allowances and restrictions stated in the above information.

Name of Restaurant or Food Vendor _____

Signature _____ Title _____ Date _____

Address _____ City, State, Zip _____

Phone Number _____ Email Address _____

Mail or fax completed agreement to:
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