



IRON CHEF DETROIT III

TO BENEFIT CASS COMMUNITY SOCIAL SERVICES



2026 SUPPORT OPPORTUNITIES

FOOD TASTING SUPPORTER INFORMATION

***Please attach a copy of your State of Michigan Food Service License, including your SFE number**

THANK YOU FOR SUPPORTING CASS COMMUNITY SOCIAL SERVICES!

Cass Community will provide...

- 500+ GUESTS
- 8' TABLE FOR SERVING
- TABLES WILL BE CLOTHED
- SIGNAGE
- PAPER PRODUCTS - PLATES, BEVERAGE SIZE NAPKINS
 - (IF PREFERRED PRODUCTS, YOU MAY PROVIDE YOUR OWN)
- LIMITED ELECTRICAL SERVICE AVAILABLE
- ICE
- TWO (2) EVENT TICKETS

Food Tasting Supporter will provide...

- MINIMUM TASTING OF 300 PIECES - BITE SIZE, FINGER FOODS, ETC.
- ALL SERVING DISHES AND UTENSILS
- DISPLAY - BUSINESS CARDS, MARKETING MATERIALS ON TABLES
- PLEASE PROVIDE LOGO FOR SIGNAGE*
- FOR STAFFING: SPACE AVAILABLE AT 4:00 PM
 - FOOD MUST ARRIVE BY 5:00 PM (DOORS OPEN AT 6:00 PM)

***Please submit logo (high res) for event signage: scene@candbscene.com**

For questions, please contact:

Marcy Hayes - (248) 408-1550 or scene@candbscene.com

Suzette Hohendorf - (248) 736-7046 or suzettehohendorf@gmail.com



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FOOD TASTING DONATION FORM

***Please attach a copy of your State of Michigan Food Service License, including your SFE number**

Company Name: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

FOOD TASTING ITEM DETAILS

Appetizer: _____ Dessert: _____ Other: _____

How many tasting items do you plan to bring? (circle one) **400 500 600 700**

Tasting Description: _____

ESTIMATED VALUE OF TASTING DONATION \$ _____

DO YOU NEED ICE?

YES NO

DO YOU NEED STAFFING?

YES NO

(we will deliver our tasting at: _____ PM)

DO YOU NEED ELECTRIC?

NO YES, WE REQUIRE ELECTRIC (please list items requiring power) _____

Donor Signature: _____ DATE: _____

Food Service/Retail License #: _____

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