

2009 Taste of Montgomery County Registration Form

Restaurant/Caterer Name: _____

List of Food Items

Ticket Price/Item

(Tickets = \$1.00 each)

| | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

**Note: Only five (5) items per vendor allowed.
Pick your best items and/or new items you would like to share!**

Contact Person: _____ Title: _____

Please indicate only one person. All correspondence will be sent to this individual.

Address: _____ City/Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Please check:

Electric required:

110 service: _____

Other: _____

200 service: _____

No electric: _____

What kind of equipment will you be using?

I have read and will comply with all the requirements as stated. Enclosed with this form is a copy of our insurance certificate and a signed contract.

Date: _____ Signature: _____

Send to: **Lew Wallace Study Preservation Society**
PO Box 662
Crawfordsville, IN 47933
Email: study@ben-hur.com

