

# 2022 TASTE of Montgomery County

## Registration Form

DUE DATE: July 31, 2022

Restaurant/Caterer Name: \_\_\_\_\_

### List of Food Items

(No drinks unless a specialty)

### Ticket Price/Item

(Tickets = \$1.00 each/5 ticket maximum)

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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Please check:**

Electric required:

110 service: \_\_\_\_\_

Generator: \_\_\_\_\_

Other: \_\_\_\_\_

220 service: \_\_\_\_\_

### **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: [lpaarlberg@ben-hur.com](mailto:lpaarlberg@ben-hur.com)**  
**Phone: 765/362-5769**

Remember this is a **TASTE--not a full meal!**  
Remember to keep portion sizes small!



