

2024 TASTE of Montgomery County

Registration Form

DUE DATE: July 31, 2024

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: _____

Other: _____

220 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: lpaarlberg@ben-hur.com
Phone: 765/362-5769

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

