

2026 TASTE of Montgomery County

Registration Form

Due Date: July 31, 2026

Restaurant/Caterer Name: _____

List of Food Items

(No drinks unless a specialty)

Ticket Price/Item

(Tickets = \$1.00 each/**7 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: _____ 220 service: _____
Other: _____ No electric: _____
Truck/Trailer Length _____ (including hitch)
Service Side: Driver _____
Passenger _____

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: Low 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.
Keep portion sizes small.

