MORGAN COUNTY FALL FOLIAGE FESTIVAL

PO Box 1245 Martinsville, IN 46151 765-342-0332

FOOD CONCESSION APPLICATION (Please Print)

Contact Person:		Stand Name	
Phones: Home:	Cell:	E-mail:	
Address:	City:	State:	ZIP:
Spaces are \$550 for If additional space is needed		Volts/Amps needed	
We need to have all or Please contact Brend	concession wagons close to the f la @ 765-346-0533 as you arrive	estival area by 4:45 PM on Tuese so that myself or a board memb	day. er may assist you.
DO NOT send any mo consider yourself ACCEPT accept credit card payment	ney until you receive an acceptance TED. Your fee is \$550 per 8'X25' space. Y t.	e letter. However, if you were a particip You may send payment with application o	pant last year, you may or by Sept. 1 st . We also
Please provide a detailed des	scription of your entry: complete menu, set u	ap requirements, and a picture (new applica	ints only)
The Fall Foliage Festival reso to community standards or no	erves the right to request the removal of any ot within FFF rules. Failure to honor such a	item not registered above or that which ma request will result in expulsion from the Fo	ay be found objectionable estival without refund.
The Fall Foliage Festival sec	urity is for the assurance of public safety and or volunteers, assumes no liability for your	d not necessarily 6 vi	
RELEASE STATEMENT: I, this and all related events. I a	the undersigned, do hereby agree to all the r lso understand that the Fall Foliage Festival eft, claim or damage resulting from my parti	ules and regulations governing the Fall Fol	
For FFF use:			·····
Date of application arrive	al:	Copy to event chairman's	