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:		
	City:			
Spaces are \$550 for an If additional space is needed, ple	8' X 25' space. ease indicate how much more?	Volts/Amps	s needed	
Festival Dates: Thu	rsday, October 10 - Sunday,	October 13, 2024		
	inges made on the fact sheet (by 4:45 PM on Tuesday. Pleas			_
consider yourself ACCEPTED accept credit card payment.	until you receive an acceptance. Your fee is \$550 per 8'X25' space. You of your entry: complete menu, set u	ou may send payment with ap	oplication o	r by Sept. 1st . We also
	es the right to request the removal of any			
	vithin FFF rules. Failure to honor such a			
	y is for the assurance of public safety an volunteers, assumes no liability for your			
this and all related events. I also	undersigned, do hereby agree to all the understand that the Fall Foliage Festival claim or damage resulting from my part	, it's Board of Directors, and/o	r volunteers	
Signature (Required):				
For FFF use:			<u></u>	
Date of application arrival:	_	Copy to event cha	irman □ _	