

The 56th National Morel Mushroom Festival

May 14, 2016

Taste of Morels Application

Thank you for joining us this year. Please fill out the following information and return it by April 13, 2016. Feel free to contact us with any questions.

Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Menu Item Name \_\_\_\_\_

Item Description \_\_\_\_\_

Ticket Price \_\_\_\_\_

I will keep my food hot using: \_\_\_\_ 110 Volt Electric \_\_\_\_ Propane  
\_\_\_\_ Sterno \_\_\_\_ Other: \_\_\_\_\_

Do you want us to furnish a banner? \_\_\_\_ Yes \_\_\_\_ No

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

P.O. Box 184

Boyne City, MI 49712

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