

DATE	FREQUENCY	EXPECTED TIME OF DELIVERY	CONCESSIONAIRE BOOTH NAME (please ensure you list all booths associated with your delivery)	ON-SITE CONTACT & CELL NUMBER	DELIVERY COMPANY	DESCRIPTION OF PRODUCTS	QTY	COLD	FROZEN	HOT	DRY GOODS
<i>e.g. Aug 15</i>	<i>CIRCLE ONE THAT APPLIES</i>	<i>e.g. 08:45</i>	<i>e.g. ALPHA SPROUTS CO.</i>	<i>e.g. JAMIE CLASS 416-222-000</i>	<i>e.g. CISCO</i>	<i>e.g. Assorted Vegetables, Bread</i>	<i>8 Skids</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>No</i>
	Hourly Daily Weekly Bi-Weekly										
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