



Food Vendor Registration Form
NJState 4-H Food Truck Festival

June 29th 11 am - 7 pm
(set up begins at 9:00 am)



Vendor Name: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____ **ext:** _____ **Fax:** _____

Email address: _____

What is the best way to contact you (check one)? _____ **Phone** _____ **Email**

FOOD VENDORS ARE CHARGED \$150 PER DAY PAYABLE TO: NJ State 4-H Association

Please describe what type of food you serve and your set up requirements (i.e. truck, tent w/table etc.):

Signature/Title: _____ **Date:** _____

As soon as we receive your registration, we will mail you directions and other information about the event. If you have any questions, please call Caroline at 201-264-6923.

Thank you for your participation!

Please mail this form to:

**Caroline Glynn
6 Mayo Drive
Park Ridge, NJ 07656**