

The 58th National Morel Mushroom Festival
Taste of Morels Application
Saturday, May 19, 2018
12 – 3:00 p.m.

Business Name: _____

Telephone: _____

Mobile Phone: _____

Address: _____

Contact: _____

Menu Item Name: _____

Item Description: _____

Ticket Price: _____

I will keep my food hot using ___ 110 volt ___ Propane ___ Sterno ___ Other

*Please keep in mind that **we have limited access to power in the park**, so please limit the amount of electrical outlets you may need!*

- Serving Information: Please note: We will furnish napkins and “sporks”, you will be responsible for your serving dish, such as paper plate or bowl.

Printed Name: _____

Signature: _____

Date: _____

Please return to:

PO Box 184~ Boyne City~ MI 49712

Questions:

Pam Chipman: 231-582-7843 or bcmorelfest@gmail.com