

Food Concessions Application Form

Name:

Address:

City: State: Zip:

Contact Person:

Number of Booth Spaces _____

Phone Number _____

Booth Space \$ 250.00

Beverage \$50.00

Electricity \$20.00

Camper Overnight fee With
electricity \$15.00 per day _____ . Days _____

(Sorry no sewage hook up)

Total Amount Due _____

(Money order or Cashiers check) Payable to Acadia St.Landry Medical Foundation

Will you need electricity? . Yes _____ No _____

What Voltage 110vac _____ 220vac _____

First choice set up Location

Second choice set up location

What food items will you be serving? Limit to 3. Finger food items (fries, onion rings, etc. unlimited)

Please return form to:

Acadia St Landry Medical Foundation

P.O. Box 693

Church Point La.70525-2233