



FOOD BOOTH APPLICATION

Friday & Saturday
August 9-10

DATE: _____

CONTACT NAME: _____ TITLE: _____

COMPANY / ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

Please describe the type of food items that you would offer and return your application as soon as possible. A menu form will be sent out at a later date for a detailed list of what you will have at the NEBRASKA BALLOON & WINE FESTIVAL. Your application will be reviewed and space will be assigned subject to approval.

FOOD ITEM (S):

BRIEF DESCRIPTION OF FOOD PRODUCTS: (Please attach any further information that may be helpful, such as a copy of menu, published articles, etc.)

PLEASE COMPLETE AND RETURN TO:



Mike Mancuso, Event Manager
NEBRASKA BALLOON & WINE FESTIVAL
7015 Spring Street, OMAHA, NE 68106-3518
Phone: (402) 346 -8003 * Fax: (402) 346 - 5412