



**Sunday, September 16th, 2018 – 11 a.m. to 4 p.m.
Food Trailer/Truck Registration Form**

Please return this form to Colleen Ruby, Operations Manager,
at manager@ohwowkids.org or fax (330) 259-0258.

Organization/Institution/Business _____

Primary Contact(s) _____

Contact Email(s) _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Other _____

Please answer the following questions in the space provided:

What is the aerial (square footage) footprint of the trailer/truck? (Include any overhang)

Which side will you be serving from?

Please provide more information on the resources will you need.

_____ Electricity How many amps _____

Hookup information _____

_____ Water

List of items to be sold (only items listed will be permitted):

Please attach a copy:

_____ Certificate of Liability Insurance _____ Seasonal License

_____ \$125 Payment

Signature _____ Date _____