



9th Annual NJ State Ice Cream Festival
Saturday, July 16, 2011
11:30 am to 5 pm

CONTESTANT REGISTRATION FORM

(No fee to enter!)

Business Name: _____

Business Address: _____ City/State/Zip: _____

Contact Name: _____ Telephone: _____

Email: _____ Website: _____

Special Judges (requires 1 gallon VANILLA ONLY): Yes No

People's Choice (requires 50 gallons): Yes No Flavor: _____ **(No nuts!)**

Please list allergens: _____

- ❖ The Committee will provide contestant with 5,000 1 ¼ oz cups with lids, and use of the freezer truck on site to store your ice cream the day of the event.

For People's Choice:

_____ I will need the committee to pre-scoop the cups **OR** _____ I will pre-scoop our ice cream.

_____ I will need (#) _____ volunteers to help hand out samples at the festival.

_____ I will need an electric connection for my freezer. (20 Amps maximum available)

_____ I will need 1_____ 2_____ 10' x 10' space(s) for my booth.

- ❖ Contestant must supply own tent, tables, chairs, signage, and freezer or cooler.

Signature: _____ Date: _____

Please Mail Registration Form, Hold Harmless/Insurance Agreement, and Certificate of Insurance to:

Allen Consulting, Inc.
 89 Middletown Road
 Holmdel, NJ 07733

You may also fax forms to 732-946-8032 or email to address below.

For more information, please call Jane at Allen Consulting, Inc., 732-946-2711 or email jane@allenconsulting.com

(Please complete Hold Harmless Agreement on reverse side)