



**8<sup>th</sup> Annual NJ State Ice Cream Festival**  
**Saturday, July 17, 2010**  
**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: \_\_\_\_\_

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

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

People's Choice ONLY:

\_\_\_\_\_ I will need 5,000 1½ oz. cups with lids **OR** \_\_\_\_\_ I will supply my own cups and lids.

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

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

\_\_\_\_\_ I will need to use your freezer truck for storage on event day.

\_\_\_\_\_ I will need an electric connection. (20 Amps maximum available)

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

\_\_\_\_\_ I will need 1 \_\_\_\_\_ 2 \_\_\_\_\_ table(s) and 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ chairs for my booth.

Signature: \_\_\_\_\_

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](mailto:jane@allenconsulting.com)*

(Please complete Hold Harmless Agreement on reverse side)