



Business Name:

Street Address:

City: _____ State: _____ Zip: _

Contact Name:

Telephone number: _

Email: _____ Web Address: _

Commitment Level

\$250 - Food Truck Size in Feet _____

\$25 - Vendor Table

*TRUCK AND VENDOR SPACE IS FIRST COME FIRST SERVE

Method of Payment

Enclosed check payable to 21 Plus Foundation, Inc.

Charge my credit card (please print clearly)

Cardholder's Name:

Billing Address:

Card Number: _____

Expiration Date: _____ Security Code: _____

*Food Truck Vendors: Yes, I have a certificate of insurance naming 21 Plus Foundation, Inc. as additional insured

*Food Truck Vendors must complete Berkeley Township Application For Permit (attached)

*Vendors to supply their own table, chairs and pop up tent- Total space 10 ft

*Event hours 12:00pm-4:00pm. Please do not break down before 4:00pm

Please return this form via email to wlubrecht@21plus.org

or mail to: 21 Plus Foundation, 1900 Route 70, Suite 12, Manchester, NJ 08759
Attn: Wendy Lubrecht

Questions? Please contact Wendy Lubrecht wlubrecht@21plus.org or call 732-240-3118, x215