

# Wenatchee River Salmon Festival

## Food Booth Application

This form must be returned by July 26, 2019

Name: \_\_\_\_\_  
(Organization/Company/Name)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check days you will be open for business:

Thurs:\_\_\_\_ Fri:\_\_\_\_ Sat:\_\_\_\_\_

List food you want to serve:

\_\_\_\_\_  
\_\_\_\_\_

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Please return to: Salmon Festival  
P.O. Box 2044  
Leavenworth, WA 98826

**For Office Use Only**

Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Initials \_\_\_\_\_