



## Ice Cream Truck Event Form

**Date:**

**Time:**

**Company/Individual:**

**Location of Event:**

**Number of Attendees:**

**Booking Contact (Name and Number):**

**Payment Type**

Check  
Credit (3% fee)

**Gratuuity Jar at Window**

Yes  
No

**Power Source**

Event Location  
Truck Generator

**Check Any That Apply:**

Awful Awful®  
One Scoop Cone or cup  
Two Scoop Cone or Cup  
Two Scoop Sundae

**Ice Cream Offerings (Select up to 5 flavors):**

Vanilla  
Coffee  
Crazy Vanilla  
Cookie Dough  
Mint Chocolate Chip  
Chocolate  
Cookies and Cream  
Chocolate Chip  
Strawberry Sorbet  
Raspberry Chocolate Chip  
Frozen Yogurt

**Sundae Topping Offerings (Select up to 5):**

Fudge  
Rainbow Sprinkles  
Chocolate Sprinkles  
Oreo® Pieces  
Strawberry  
M&M's®

**Awful Awful® Offerings (Select up to 6):**

Vanilla  
Coffee  
Chocolate  
Sprinkles\*  
Strawberry  
Mocha  
Oreo®

\*For an Additional Charge

**Additional Information:**

**To be completed by the office:**

**Deposit Received:**

**Date Received:**