

## **Ice Cream Truck Event Form**

Date:		Time:	
Company/Individual:		Location of E	vent:
Number of Attendees:		Booking Con	tact (Name and Number):
Payment Type	Gratuity Jar at Windov	V	Power Source
Check	Yes		Event Location
Cash	No		Truck Generator
Check Any That Apply:	Ice Cream Of	ferings ( Select ι	ıp to 5 flavors):
Awful Awful	Vanilla		Chocolate
Two Scoop Cone or Cu	p Coffee		Cookies and Cream
Two Scoop Sundae	Crazy Vanil	la	Chocolate Chip
	Cookie Dou	ıgh	French Vanilla
	Mint Choco	late Chip	Raspberry Chocolate Chip Frozen Yogurt
Sundae Topping Offering	gs (Select up to 5):	Awful Awful	® Offerings (Select up to 6):
Fudge	Strawberry	Vanilla	Strawberry
Sprinkles	M&M's®	Coffee	Mocha
Oreo® Cookie Pieces		Chocolate	Oreo®*
		Sprinkles*	
		*F	For an Additional Charge
Additional Information:			
To be completed by the	office:		
Deposit Received:		Received:	