

**MIAMI-DADE PARKS RIBFEST 2009
RIBBER APPLICATION FORM**

Special requests should be directed to the Central Region Office: 786-315-5252 Fax: 305-852-5770

ENTRY:

- RIBBER \$1400.00 (20X40 Space, Optional Tent 20x20,)
 FOOD VENDOR ITEMS \$To be determined

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **CELL:** _____ **FAX:** _____

EMAIL: _____ **EIN:** _____

ENTRY CATEGORIES: Check all that apply

Chicken Pork Ribs Brisket Sauce

I Plan To Sell: (Please list all menu items you plan to sell. Attach separate sheet if additional space is needed. Standard Ribfest fare will be included in your entry fee. If approved, Fried items, other sides and desserts will be priced additionally) Enclose any sample menus with current pricing.

Exhibit Description: (Please include sample pictures if applicable of you display. List any special needs.)

Electrical Requirements: (up to 50 AMP included)

**Mail Completed Application and W-9 Form to:
ATTENTION: Tom Morgan, Central Region Manager
10901 SW 24 Street
Miami, Florida 33165
(Make check payable to: Miami Dade Parks & Recreation)**