



a festival of art

Food Registration Form

Name of Business _____
 NYS Sales Tax Number (required) _____
 NYS Health Permit Number (required) _____
 Contact Name: _____
 Address: _____
 City/State/Zip _____ Phone _____
 E Mail Address _____
 Web Site Address _____

Location first choice: Centerway Food Court Micro-food Court

Menu items you plan to serve at the festival:

Menu Item _____	Menu Item _____
___ Appetizer Price _____	___ Appetizer Price _____
___ Dessert	___ Dessert
Menu Item _____	Menu Item _____
___ Appetizer Price _____	___ Appetizer Price _____
___ Dessert	___ Dessert

Silver Spoon Award Submission: Please tell us which food item you will be submitting into the Silver Spoon Award competition:

Electrical Needs: Electric Available in Centerway Food Court ONLY; *No Electric will be available on the street*

I/we, _____ hereby warrant that I/we are independent contractor(s) and agree to indemnify and save harmless the City of Corning and CIDMA from and against any loss or expense by reason of any liability imposed by law upon the sponsors or the City of Corning and from and against claims against the sponsors and the City of Corning for damages because of bodily injuries, including death, at any time resulting there from, accidents sustained by any person or persons on account of damage to property rising out of or in consequence of a festival of art whether such injuries to persons or damage to property are due to or claimed to be due to any negligence of the sponsors or the City of Corning, their agents, servants, or employees or any other person.

Signature _____ Date _____

Return by June 20, 2008 to
 Stacie Rosewood Boyskey
 Corning's Gaffer District
 114 Pine Street, Suite 202
 Corning, NY 14830
 Office 607-937-6292 Ext 105
 Fax 607-936-3112
 Email stacie@gafferdistrict.com

Remember to enclose:
 [] \$250 Registration Fee made payable to Corning's Gaffer District
 [] Certificate of Insurance
 [] Copy of New York State Health Permit
 [] New York State Sales Tax Number