



**Ice Cream Truck Event Form**

**Date:**

**Time:**

**Company/Individual:**

**Location of Event:**

**Number of Attendees:**

**Event Coordinator (Name + Number):**

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

**Payment Type:**           Cash       Check

**Power Source:**       Event Location       Truck Generator

**Check Any That Apply:**

- |                  |                  |
|------------------|------------------|
| One Scoop Cone   | One Scoop Cup    |
| Two Scoop Cone   | Two Scoop Cup    |
| One Scoop Sundae | Two Scoop Sundae |
| Awful Awful      |                  |

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

- |           |                |                     |
|-----------|----------------|---------------------|
| Vanilla   | Crazy Vanilla  | French Vanilla      |
| Chocolate | Chocolate Chip | Mint Chocolate Chip |
| Coffee    | Cookie Dough   | Cookies and Cream   |
| Raspberry | Chocolate Chip | Frozen Yogurt       |

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

- |           |            |                     |
|-----------|------------|---------------------|
| Hot Fudge | Strawberry | Hot Fudge           |
| M&M's®    | Sprinkles  | Oreo® Cookie Pieces |

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

- |            |        |           |
|------------|--------|-----------|
| Vanilla    | Coffee | Chocolate |
| Strawberry | Mocha  | Oreo®     |

**Additional Information:**

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**To be completed by the office:**

**Deposit Received:**

**Date Received:**