



FOOD SPONSOR CONFIRMATION FORM:

(Please fill out the following form and mail, fax, or drop off to the ACO.)

1. Name of Business (as to be printed in event program): _____
 2. Mailing address of Business: _____
 3. Name(s) of item(s) to be served (as to be printed in event program): _____
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4. Items provided for food sponsor:

1-Draped 8' table

2-Chairs

Additional requirements:

Electricity (circle one): yes/no

1-Additional 8' table (circle one): yes/no

Approximate allowance time for set-up: _____

Additional requests:

5. Authorization, to include business in all publicity and promotional components associated with the Arts Center of the Ozarks 2008 Ball and Auction:

Signature of Authorized Person

Email

Printed name of Authorized Person

Business Phone

Fax Number

After hours phone, *emergency use only*