



Squeeze Burger

"Best Burgers in Town"

Community Event Application

Organization Name:
Organization Address:
Contact Person:
Phone #:
Contact Email:
Event Date:
Event Time:
Event Location:
Requested time for service:
Estimated Event Attendance:
Total # of food vendors at event:

Submit this form for consideration to the Squeeze Burger Manager or email to: thesqueezelnn@gmail.com

For Office Use Only

Date Received:	Approved By:	Sales from Event:
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