



## SPONSORING AGENCY/MARKET MASTER REGISTRATION FORM

**EVENT DATE(S):** \_\_\_\_\_ **EVENT TIME(S):** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**EVENT SPONSOR/MARKET MASTER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:**( )                      **CELL:**( )                      **FAX:**( )

**EMAIL:** \_\_\_\_\_

Expected attendance/Day: \_\_\_\_\_ Number of vendors: \_\_\_\_\_ (list below)

Electricity available: Y N Public water available: Y N

Attached location sketch of the following:

Number of handwashing facilities: \_\_\_\_\_ Number of public toilets: \_\_\_\_\_

Number of employee toilets: \_\_\_\_\_ Number of solid waste disposal receptacles: \_\_\_\_\_

Number of liquid waste disposal receptacles: \_\_\_\_\_ Number of oil disposal receptacles: \_\_\_\_\_

### VENDORS (Continue on separate paper if necessary)

NAME:	ADDRESS:	PHONE, FAX, EMAIL:	TYPE (S) OF FOOD: