**The Feast of Food 2015  
Expression of Interest to participate**

|  |  |
| --- | --- |
| **Business:** |  |
| **Contact Name:** |  |
| **Address:** |  |
| **Daytime & Mobile Telephone No:** |  |
| **Email:** |  |
| **Website:** |  |

**Please provide details below on how you would like to contribute to the Feast of Food in 2015 including date(s)/day(s)** (please attach separately if more convenient)**:**

**Signed:**

**Position:**

**Date:**

Please return this completed application form to Stephanie King at Farnham Town Council, Council Offices, South Street, Farnham GU9 7RN.