

Business Name: _____

Imagi-Con 202__ Menu

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Name of Contact: _____

Phone: _____

Address: _____

City, St, ZIP: _____

*Note: Imagi-Con will be turning this menu in to the Health Department for a temp food service exemption.
Only items listed on this menu and turned in by the due date may be served.*

If you have a food license or similar certificate, please attach it with this menu.

Basic Food Safety Guidelines must be reviewed prior to event and practiced at event.