



## FOOD TRUCK REGISTRATION PACKET

### EVENT TITLE:

**5<sup>TH</sup> ANNUAL A DAY IN THE PARK  
SICKLE CELL DISEASE EDUCATION AWARENESS &  
BLOOD DRIVE  
APRIL 18<sup>TH</sup> 2026**

#### EVENT DETAILS

**DATE:** April 18<sup>th</sup>, 2026  
**TIME:** 11AM - 4PM  
**SETUP TIME:** 10 AM  
**LOCATION:** CRAIG RANCH REGIONAL PARK - GARDEN PLAZA  
658 W. Craig Road, North Las Vegas, NV 89032

#### POINTS OF CONTACT - EVENT:

**Cheryl Wiley, Event Consultant**  
Email: [cheryl.wiley.btg@gmail.com](mailto:cheryl.wiley.btg@gmail.com)  
Phone: (702) 845-2188

#### POINT OF CONTACT - ORGANIZATION:

**Pamela White, CEO / Executive Director**  
Las Vegas, NV 89115  
Email: [pam.white.btg@gmail.com](mailto:pam.white.btg@gmail.com)  
Phone: (702) 273-6751

## FOOD TRUCK VENDOR INFORMATION FORM EVENT TITLE:

### 5<sup>TH</sup> ANNUAL A DAY IN THE PARK – SICKLE CELL DISEASE EDUCATION AWARENESS & BLOOD DRIVE

Pursuant to Southern Nevada Health District regulations, all Point-of-Sale Vendors are required to submit a Temporary Food Establishment Application for a Special Event, except currently permitted Annual Itinerants and Mobile Vendors.

TFE = Temporary Food Establishment

AI = Annual Itinerant

MV = Mobile Vendor

**Business Name:** \_\_\_\_\_

**PR # (AI or MV):** \_\_\_\_\_

**Type of Permit:** \_\_\_\_\_  
(TFE, AI, or MV)

**Contact Information:** **Phone :** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Food/Beverage Served or Sold:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Southern Nevada Health District personnel may be on-site the morning of the Event to conduct inspections of all Food Vendors.

**MUST COMPLETE & RETURN the following included forms: Food Truck Vendor Form and Release of Liability Form to:**

**[Cheryl Wiley at cheryl.wiley.btg@gmail.com](mailto:cheryl.wiley.btg@gmail.com)**

**Payment is required upon Registration to reserve your space.**

**Fee: \$100 per Food Truck**

***Electronic Payment Methods:***

\_\_\_\_\_  
Cash App – \$BridgingTheGapASCD \_\_\_\_\_ Zelle – 702.266.4008 (Bridging The Gap)

A confirmation email will be sent upon receipt of the required forms.

\_\_\_\_\_  
Please acknowledge that you have received, read, and will comply with the terms and conditions included in this registration packet.

\_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF LIABILITY FORM

In consideration of my participation in **BTG's 5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness & Blood Drive**, on behalf of myself and my heirs, spouse, legal representatives, devisees, legatees, executors, administrators, successors, and assignees, I hereby waive, release and forever discharge any and all rights and claims for damages which I have, or may have, or which may hereafter occur, to me against BTG all counties, special districts, and properties through or upon which the BTG Event will be held; or against its, or their, respective officers, employees, agents, representatives, successors, directors, members, promoters, sponsors, advertisers, owners and any other parties who may have liability to the Releasor(s) and/or assigns for any and all injuries or damages, which may be sustained or suffered by me or by other persons in connection with my association, with or participation in and/or arising out of my traveling to or from the event.

I verify that I have full knowledge of the risks involved in this event; and I hereby assume all risks, known or unknown, foreseeable, or unforeseeable, patent or latent, that exist or may exist in connection with this event. I also hereby permit the use of my name, likeness, image, picture, or other representation in any broadcast, telecast, print media account, or marketing of the Event.

Business Name: \_\_\_\_\_

Authorize Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_