

TASTE OF CROOKSTON



Registration Form

Please select a category
Appetizer Salad Soup/Chili Main Dish Dessert

NAME _____

BUSINESS NAME _____

EMAIL _____

PHONE _____

Please return completed registration form to
Sheila Menard 550 Riverside Ave Crookston, MN 56716
or email at shmother@hotmail.com
If you have any questions or need to cancel 218-289-3212