



Yarnell's Ice Cream Company, Inc.

Request for Ice Cream

Please fax request to 501-279-0846

Submission Date: _____

Please tell us about your event:

- Organization _____
- Name of event _____
- Purpose of event _____
- Date & time of event _____
- Location of event (City, State)
- Expected attendance _____
- What type of ice cream do you prefer? (i.e. ice cream cups, 3-gal containers)

- Contact Information (name) _____
- Telephone _____
- E-mail address _____

***We need at least 2-3 weeks to consider all donation requests**