

Organization/busine	ess:	
Contact Name:		Phone Number:
Email:		<u> </u>
PLEASE CHECK:		
□ Business		
□ Organization		
VENDOR DESCR	IPTION:	
VENDOR FEE:		
□Organization	Registration due by August 1, 2024	: \$20 for 10' x 10' area
□Business	Registration due by August 1, 2024	: \$30 for 10' x 10' area
	TOTAL ENCLOSED: _	
PLEASE NOTE:		
 → Please enclose proper payment if you would like more than one 10' x 10' area. → Vendors must supply their own tables, chairs & tents. 		
□I have read & agree to comply with the attached Policies and Guidelines.		
Signature:		Date:

Please make checks payable to: Candia Old Home Day