

Partner/Vendor Agreement

Business Name:				
Contact Name:	Title:			
Phone:	Email:			
Address:	City	St_	Zip	
	Event Information	on		
Name of event:	Date:		_	
Vendor Activity/Display(s):				
Facility Needs from the Zoo: _			(tables, elect	ric, etc.)
otherwise discussed with Zoo	g on doing an activity that you bring staff. Please be prepared to be set access on grounds, please contact	up no later th	han a half hour b	pefore the start of
•	ty) The following is prohibited on Zoballoons, flying discs, firearms, square (Service dogs are welcome)	•	•	•
	Donation of Prod	uct		
Items to donate:	Donation of Frod			
Value:				
Day of contact info:				

Please Return To:

Zoo New York
1 Thompson Park • Watertown, NY • 13601
rfarris@zoonewyork.org