

## **Partner/Vendor Agreement**

Business Name:			
Contact Name:	Title:		
Phone:	Email:		
Address:	City	StZip	
Ever	nt Information		
Name of event:	Da	te:	
Vendor Activity/Display(s):			-
Facility Needs from the Zoo:		(tables, electric, etc.	)
We ask that if you are planning on doing an activity discussed with Zoo staff. Please be prepared to be a need vehicle access on grounds, please contact Zoo selection PLEASE (for our animals' safety) The following is prohibited scotters, balloons, flying discs, firearms, squirt drones, or selfie sticks. All Pets (Service dogs are well-	set up no later than a half he staff (below) at least a day published on Zoo grounds: Sm t guns, balls, whistles, glass	nour before the start of the evorior.  oking & Vaping. Bicycles, skat	vent. If you teboards,
Donat	tion of Product		
Items to donate:			
Value:			
Day of contact info:	-		

## **Please Return To:**

Zoo New York • Events Coordinator, Kristina Friel 1 Thompson Park • Watertown, NY • 13601 Ph: 315.804.6226 • kristina@zoonewyork.org