

VENDOR APPLICATION 2019

(PLEASE READ ALL (4) PAGES & COMPLETE THE ENTIRE APPLICATION FORM)

DATE: _____

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL#: _____ (MANDATORY-IN CASE OF EMERGENCY)

EMAIL ADDRESS: _____ (MANDATORY)

FOOD VENDOR _____ (PLEASE CHECK ONE)

WHAT TYPE?

AFRICAN JAMAICAN SOUL VEGETARIAN WATER ICE OTHER _____

ARTS & CRAFT _____ (PLEASE CHECK ONE)

WHAT ARE YOU SELLING?

MUSIC CLOTHING ART WORK BOOKS JEWELRY OTHER _____

OF SPACES PURCHASING: _____ **(IF YOU HAVE A TENT/CANOPY YOU MUST PURCHASE (2) SPACES)**

AMOUNT ENCLOSED: \$ _____ **(U.S. POSTAL MONEY ORDERS ONLY)**

NO PERSONAL OR COMPANY CHECKS

BY SIGNING BELOW, I HAVE READ ALL (4) PAGES OF THIS APPLICATION AND AGREE TO FOLLOW ODUNDE'S VENDOR'S RULES. IN ADDITION, I UNDERSTAND THAT I MUST BE LICENSED AND INSURED TO PARTICIPATE IN THE FESTIVAL.

SIGNATURE: _____

DATE: _____

WWW.ODUNDEFESTIVAL.ORG

READ ALL (4) PAGES OF THIS VENDOR PACKET!!!²⁰¹⁹