



VENDOR APPLICATION 2020

(PLEASE READ & COMPLETE THE ENTIRE APPLICATION FORM)

DATE: _____ (PRINT CLEARLY)

VENDOR NAME: _____ (PRINT CLEARLY)

ADDRESS: _____ (PRINT CLEARLY)

CITY: _____ STATE: _____ ZIP CODE: _____ (PRINT CLEARLY)

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

EMAIL ADDRESS: _____ (MANDATORY)

ARE YOU A FOOD VENDOR? _____ (PLEASE CHECK ONE)

SOUL: _____ CARIBBEAN: _____ AFRICAN: _____ AMERICAN: _____ VEGETARIAN: _____ OTHER: _____

ARE YOU AN ARTS & CRAFT VENDOR? _____ (PLEASE CHECK ONE)

ARTWORK & ARTIFACTS: _____ CLOTHING: _____ MUSIC: _____ JEWELRY: _____ TEES: _____ 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 I AGREE TO FOLLOW ALL OF 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

215-732-8510

**PLEASE COMPLETE THE ENTIRE VENDOR APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
READ ALL 4 PAGES OF THE VENDOR PACKET. (2020-OD)**

(D/R: _____)-ODUNDE STAFF ONLY