



VENDOR APPLICATION

Seeking vendors for the 6th Annual Vicki Soto 5k who can promote education, literacy, healthy living, community enrichment and/or fitness.

Name: _____

Company Name: _____ Phone: _____ - _____ - _____

Address: _____ Cell#: _____ - _____ - _____

City: _____ State: _____ Zip: _____

EMAIL: _____

Please list what your company/organization represents and what you intend to bring/hand out at the event:

Registration Fee:

Number of spaces requested: <u>(10X10 spaces @ \$250.00 per space, table and tent not included)</u>	
	TOTAL: \$ _____
Paid by: CASH _____	CHECK # _____

I, _____, the undersigned, hereby agree to sell products that do not contain the Vicki Soto logo. The Vicki Soto 5K Race reserves the right to refuse any vendor that does not meet the regulations and guidelines to participate in this event.

I, _____, hereby release the Vicki Soto 5K Race and/or the Town of Stratford from any accidents, damages, or theft of the above said property or properties before or at the time of the Vicki Soto 5K Race.

I, _____, by signing this form, do agree to all regulations and guidelines.

Vendor Signature: _____

Date: _____

Vendor's Vehicle License number: _____

Application Deadline: Friday, October 12, 2018

Please return completed application and fee to:

VSMF, 411 Barnum Ave PO Box 411, Stratford, CT. 06614