



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; (Some examples of hand outs may be magnets, pens, toothbrushes, pamphlets that represent your company/organization.)

Registration Fee:

Number of spaces requested: ***(10X10 spaces @ \$250.00 per space, table and tent not included)***

TOTAL: \$ _____

Paid by: CASH _____ CHECK _____

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; 3333 Main Street, Suite 203, Stratford, CT. 06614