



VENDOR APPLICATION

Seeking vendors for the 7th 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: <i>(10X10 spaces @ \$250.00 per space, tent not included)</i> Fee is waived for \$250 sponsors and above, form is required.
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 11, 2019

Please return completed application and booth fee to:

VSMF, 158 Knowlton Street Stratford, CT. 06615