



VENDOR APPLICATION 2017
(PLEASE READ & COMPLETE THE ENTIRE APPLICATION FORM)

DATE: _____

VENDOR NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

EMAIL ADDRESS: _____ (MANDATORY)

INSTAGRAM NAME: _____

TWITTER NAME: _____

FOOD VENDOR ARTS & CRAFT (PLEASE CHECK ONE)

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 AND AGREE TO FOLLOW ODUNDE'S VENDOR'S RULES. IN ADDITION, I UNDERSTAND THAT I MUST BE LICENSED TO PARTICIPATE IN THE FESTIVAL.

SIGNATURE: _____ DATE: _____

WWW.ODUNDEFESTIVAL.ORG

PLEASE READ ALL OF THE FORMS (4)_{1-17OD}