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| --- | --- | --- |
| 147 Ward StreetP. O. Box 1816Wallingford, CT 06492Phone: (203) 284-9899 |  | Email: hccofwallingford@gmail.comWebsite: [www.hungarianclubofwallingford.org](http://www.hungarianclubofwallingford.org/)*Since1918* |

 **FESTIVAL VENDOR CONTRACT**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, ST.,ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE/CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF GOODS YOU WILL SELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10’ X 10’ space for food vendors…………………………….\_\_\_\_\_\_\_@ $ 300.00**

**10’ X 10’ space non food vendors……………………………\_\_\_\_\_\_\_@ $ 125.00**

**Additional table……………………………………………….\_\_\_\_\_\_\_@ $ 15.00**

**Additional chair……………………………………………….\_\_\_\_\_\_\_@ $ 5.00**

**Electricity required………………………………………………………..$ 25.00**

**TOTAL……………………………………………………………\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment: check #.........................by Pay Pal date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One 8 ft table and 2 chairs are provided for each space.**

**Please print, fill out form and send it with your payment to**

 **PO Box 1816, Wallingford CT 06492**