|  |  |  |
| --- | --- | --- |
| 147 Ward Street  P. O. Box 1816  Wallingford, CT 06492  Phone: (203) 284-9899 |  | Email: [hccofwallingford@gmail.com](mailto:hccofwallingford@gmail.com)  Website: [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**