

Partner with Western Pennsylvania's sweetest festival and take advantage

2019 NONPROFIT

ACTIVITY PARTNER

VENDOR FEES

Banana Split Celebration PO Box 463, Latrobe, PA 15650

(724) 537-2671 // vendors@bananasplitfest.com

APPLICATIONS DUE AUGUST 1, 2019

rev 2019.06.27 Vendor Guidelines at bananasplitfest.com/vendors

AUGUST 23-25 LATROBE, PA BANANASPLITFEST.COM

| of this special offer available only to registered non-profit organizations. In exchange for offering a scheduled activity at the celebration each day you attend, we are offering a reduced cost on vendor spaces for you to share your organization with guests of the Banana Split Celebration. | | day □ 10ft x 10ft Non-profit |
|--|--------------------|--|
| 501(c) 3 Organization | | □ BEST DEAL 10ft x 10ft Non-profit Activity Partner weekend space\$125 |
| Primary Contact | Title | |
| | | AMOUNT DUE |
| Mailing address | | \$ |
| City | State Zip | CHECKLIST Read the vendor guidelines Contact Activities Chair to discuss |
| Phone | Alternate Phone | potential activity offerings and times Complete application |
| □ Office □ Cell | □ Office □ Cell | ☐ Pay vendor fees |
| Email Address | | □ Send in certificate of insurance □ Business licenses up-to-date □ Purchase supplies for approved activity |
| Website | | |
| Social Media Addresses f | | We can help brainstorm the activity your organization will offer depending on your ideal target, mission, and needs of the celebration. |
| Goods/Services Offered | | VOUD ACKNOW! EDCMENT |
| | | YOUR ACKNOWLEDGMENT By submitting this application, I acknowledge having read th Vendor Guidelines, and accept them as regulations of Th Great American Banana Split Celebration. I understand the submission of this application does not guarantee admittanc into the event, and that I must be approved by the ever committee. I recognize and fully acknowledge the Greate Latrobe – Laurel Valley Chamber of Commerce, the City of Latrobe, nor any of the event's sponsors are responsible for an loss or damage to my exhibit, merchandise, or myself. |
| Describe your booth and time needed for setu | 0 | |
| | | Printed Name |
| | | Signature |
| | | Date |
| If utilizing electricity, describe your needs | | |
| | | MAILING ADDRESS |