

SAN CARLOS PARKS & RECREATION SUMMER CAMP FAIR 2014



VENDOR REGISTRATION FORM

SATURDAY & SUNDAY, MAY 17TH & 18TH | 10AM-5PM

Camp/Organization:		
Mailing Address:	City:	Zip:
Contact Person:	Phone: ()	
Email Address:	@	
Website:		
May we provide any of the above information		
☐ Yes☐ No. Please provide this information	ation instead:	
Camp/Organization Information		
□ Private Business/Program□ Date(s) of Camp:	Cost of Camp:	
Set-up Needs		
Below are items that vendors may wish to request accommodate all vendor requests. You will be en accommodations we are able to meet. One table	nailed one week prior to the event with details	on your booth location and what
I am interested in the following day(s):	☐ Saturday Only ☐ Sunday Only	☐ Saturday & Sunday
☐ Power (bring your own extension cord)	☐ Extra Chairs (# of additional req	uested):
☐ Additional Booth Space ☐ Other (p	olease specify):	
□ ADA/Special Needs (Please specify):		
	9:45AM and must not be taken down	
Cignoturo:		