

# WCMG Spring Days (March 3, 2018) Vendor Registration

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Web site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Product (Short Description): \_\_\_\_\_

Initial Booth Space (8' x 5'): **\$40** (non-profit - **\$0**) \$ \_\_\_\_\_

Additional Booth Spaces: \_\_\_\_\_ @ **\$40** = \$ \_\_\_\_\_

Electrical outlet: (circle) Y N



UNIVERSITY OF MINNESOTA  
**EXTENSION**

MASTER GARDENER PROGRAM

WRIGHT COUNTY

Coburn Box Lunches (specify number requested):

Roast beef croissant sandwich \_\_\_\_\_ Turkey croissant sandwich \_\_\_\_\_

Veggie croissant sandwich \_\_\_\_\_ Chef Salad (Gluten-free) \_\_\_\_\_

(All lunches include fruit salad, chips, beverage and cookie.)

**Total lunches:** \_\_\_\_\_ @ **\$10** = \$ \_\_\_\_\_

**Total due:** \$ \_\_\_\_\_

I/We agree to be responsible for the space leased during the Spring Days event and will keep it free from hazards to persons on the premises. I /We agree that the University of Minnesota Master Gardeners of Wright County will not be responsible for theft or any injury that may occur to booth operators, their associates or employees. I/We agree to abide by all other vendor criteria as stated on the Vendor Registration web page at [www.springdays.org](http://www.springdays.org).

Name (Printed) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Please mail this signed form, your completed ST19 and a check to cover all fees payable to **Lunaria Fund** to:

**WCMG Spring Days, P.O. Box 75, Annandale, MN 55302**

You will be notified by email upon receipt of your completed application.

**Registration is not finalized until payment is received.**