

WCMG Spring Days (March 30, 2019) Vendor Registration

Company Name: _____

Address: _____

City: _____ State: ____ Zip _____

Email address: _____ Phone: _____

Website: _____

Facebook: _____

Contact Person: _____

Product (Short Description): _____

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

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

Electrical outlet: (circle) Y N

Coborn 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.

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.

