

VENDOR FORM

CONTACT/Group _____ PHONE [] _____
| _____

MAILING ADDRESS

_____ CITY _____ ST _____ ZIP _____

EMAIL [please print clearly] _____ **2017 EVENT DATE:** Aug 26/ Sep 16/
Both * ***[Instructions:** Circle event date. **Questions?** Contact vendor coordinator—**see below**]
Pow Wow August 26, 2017 and Fall Festival September 16, 2017
*If qualifying vendor participates in **BOTH-\$5/per event savings***

VENDOR TYPE

Non-Profit Commercial Individual

VENDOR SERVICES-PRODUCTS

Information ___ Art/Crafts ___ Other _____

FOOD ___ I have insurance YES/ NO – **circle one**

[Food vendors **with** insurance to provide certificate and also name **Town of Saguache** as “additional insured” for the date of the festival by **August 15, 2017** FAX: (719) 655-2699 or P.O. Box 417, Saguache CO 81149]
Due date for policy

All vendors will be required to sign a waiver and release form (see other side)

LOCATION DESIRED (SELECT ONE):

COMMUNITY BLDG _____ (Fall Festival ONLY) 1 table & 2 chairs provided
OTTO MEARS PARK _____ (see map*) Vendor to provide own table & chairs & setup

* Please note 1st and 2nd choices for location. Make a copy for your records. Locations will be assigned first come/first serve. Location = 10'x10' space. (Fall Festival ONLY)

RATES [receipts provided upon request] **Amount x # Locations =**
Total

Native Vendor (Pow Wow ONLY) donation per booth. FREE x
1 = FREE
Heritage Booth/Vendor 75 Years of Age or Older donation per booth. FREE x 1
= FREE
Non-profit or Senior Discount (Vendor age 60 – 74 donation per booth \$20.00 x
= _____
Food Vendors (**Contact Vendor Coordinator**) donation per booth \$40.00 x
_____ = _____

All Other Vendors . . donation per booth \$30.00 x
_____ = _____

(donations are non-refundable)

Return forms and check to:
Saguache Chamber of Commerce
PO Box 53; Saguache, CO 81149
Commerce

For questions: Contact Vendor Coordinator
Carita Ginn. (719) 655-2824
Make check payable to Saguache Chamber of