

VENDOR FORM

Name/Group _____ PHONE [] _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL [please print clearly] _____ EVENT DATE 3rd Saturday in Sept.

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 **September 7th** 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)

Locations will be assigned first come/first serve the day of the event. Location = 10'x10' space.

RATES [receipts provided upon request]

Amount x # Locations = Total

Heritage Booth/Vendor 75 Years of Age or Older	donation per booth	FREE	x	<u>1</u>	=	<u>FREE</u>
Non-profit or Senior Discount (Vendor age 60 – 74	donation per booth	\$20.00	x	_____	=	_____
Food Vendors {Contact Vendor Coordinator}	donation per booth	\$50.00	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

For questions: Contact Vendor Coordinator
Carita Ginn. (719) 849-0240
Make check payable to Saguache Chamber of Commerce