

**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 <b>{Contact Vendor Coordinator}</b> . . . . .	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**  
Bonnie Salzman . . . . . (715) 699-3679  
**Make check payable to Saguache Chamber of Commerce**