

Karen Ann Quinlan Celebrate Life

5k Walk Vendor Application/contract

_	Community Orga	nization Artisaı	n VendorRetail Ve	endor	
Business Name:					
Contact Name:					
Mail Address:					
City:		Zip Code:			
Phone:		Ext. Cell:			
		_	e. Please return comp enue, Newton, NJ 078	oleted form to: Karen 860	
I Need: Table	Chairs	Electricity	(\$5.00 €	extra for electricity.)	
Check enclos	edPlease char	ge my:Visa	_MasterCardA/E	Discover	
Credit Card#:			Exp. Date	3-Digit	
Name on Card:					
Description of items	selling:				
Rules and Regulatio No Liquor will be served		is event. There is no smo	oking in the event area. Kar	en Ann Quinlan Hospice has	
_	rate Life 5k Walk will be	e available to shop the ve		ill begin at 10:00 a.m. over between 10:30 a.m. and	
By signing this application the 2017 5k Walk as outl				spice rules and regulations of	
agree not to hold Karen a including negligence for	Ann Quinlan Hospice 5k any bodily injury, loss o D17 I understand that at t	Walk, or the Sussex Co or damage arising out of this event or related activ	ounty Fairgrounds responsitute display of any craft wo wities I may be photographed.	I the Undersigned, do hereby ble for any claim of any kind, rk at the 5k Walk Event to be ed. I agree to allow my photo,	
I hereby certify tha	t I have read this d	locument and I und	derstand its content.		
Applicant's Signatu	re (legally entitled t	o bind as the vendo	 or)	 Date	