



Payment Method: _____

Payment Amount: _____

of Tables: _____

Table Assigned: _____

www.sisterhoodofsurvivors.org

559-439-2183

Girl's Night Out

Wednesday, April 11, 2018

Clovis Veterans Memorial - Independence Ballroom

REGISTRATION

\$50.00 per table

After February 28, 2018 \$75.00 per table

VENDOR APPLICATION

Organization: _____
PLEASE PRINT

Contact: _____
PLEASE PRINT

Address: _____
PLEASE PRINT

City, State, Zip: _____
PLEASE PRINT

Telephone: _____
PLEASE PRINT

Email: _____
PLEASE PRINT

The requested information is necessary to prepare for a successful event. Please return completed application to the address listed below. Your application will be screened to avoid excess duplication of merchandise. Application will be evaluated on a first come, first serve basis. **Set-up time for the day of the event is 10:00 AM – 3:00 PM. Vendors are required to have their booth set-up no later than 3:45 PM. SPECIAL NOTE: Vendors are required to maintain booth until 8:00 PM.** _____ (initials)

- Please provide a detailed description of the raffle gift you will donate at your booth (minimum value \$15.00): (Any additional raffle prizes may be donated in addition to the item at your table. If you have an additional item, please contact us so we can make arrangements for drop-off or pick-up by one of our SOS members.)
- Please provide a detailed description of the merchandise that will on display and/or for sale:
- Tables will be assigned by date received, please let us know if you have a preference where you would like to be located (along the wall, electrical required, etc.):
- Any items that could interfere with those placed near your booth such as: merchandise rack(s), large props and/or access to water or electricity:
- **VENDORS ARE REQUIRED TO PROVIDE THEIR OWN TABLE COVERING AND DECORATIONS. Only electric candles. PLEASE bring your own power cords. One 8 ft. table and 2 chairs will be provided, unless otherwise arranged.**
- **Make check payable to Sisterhood of Survivors. Please mail signed agreement to:**
Sisterhood of Survivors
7797 N. First Street Box 43
Fresno, CA 93720
OR
- **Pay online through PayPal at www.sisterhoodofsurvivors.org/donate**

I hereby release Sisterhood of Survivors of all liability and agree to the terms of this agreement. I understand vendor booth payments are non-refundable. I understand that Sisterhood of Survivors reserves the right to change this Agreement. I understand that Sisterhood of Survivors reserves the right to remove any vendor booth that does not fall within the scope of this agreement. I understand that Sisterhood of Survivors makes no warranties or guarantees.

Signature of Agent: _____

Date: _____ # of Tables: _____

Sisterhood of Survivors assists newly diagnosed breast cancer patients and their families offering on-going support to those affected by breast cancer through peer support and educational resources.