



CARIBBEAN HERITAGE SPORTS COMPETITION

VENDOR REGISTRATION FORM

Event Date: _____

COMPANY OR BUSINESS NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____

EMAIL: _____

PRODUCT OR SERVICE DESCRIPTION: _____

I AM APPLYING TO PARTICIPATE AS A:

PRODUCT/SERVICE PROMOTION VENDOR, \$150.00

FOOD, ARTISIAN, RETAIL OR CORPORATE VENDOR, \$300.00

FOOD TRUCK VENDOR, \$300.00

COMMUNITY ASSOCIATION (Please contact CHSC for approval)

SIGNATURE _____ DATE: _____

**A 50% NOND REFUNDABLE DEPOSIT IS REQUIRED AT TIME OF
REGISTRATION REMAINING 50% OF PAYMENT MUST BE RECEIVED BY
AUGUST 25th.**

Vendor Information and Regulations Forms must be accompanied with Registration
Form