

# VENDOR/EXHIBITOR APPLICATION FORM

By reading and signing this application form you are agreeing to abide by all the rules and regulations set forth by the event organizers.

Vendor Name: _____
Street Address: _____ City: _____ Zip: _____
Business Phone: _____ Cell Phone: _____
Email1: _____
Email2: _____
*Print email clearly so we can email you the rental space permit, and any reminders related to this event.

<b>About your Business</b>
Name of your business: _____
Describe your goods: _____
_____
Note: Food Vendors *MUST* be licensed to handle/sell food by the Texas Department of State Health Services.

I have read, understand and agree to comply with the rules as attached to this contract and information sheet.

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed application (PDF/scan or JPG/photo) to: [dance@prfdance.org](mailto:dance@prfdance.org)

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Payment: \$ \_\_\_\_\_ CK\_\_ Cash\_\_ CK# \_\_\_\_\_  
Or send to Paypal: [payments@prfdance.org](mailto:payments@prfdance.org)  
Or Paypal link: <http://paypal.me/PuertoRicanCulturalC>

Approval: \_\_\_\_\_