

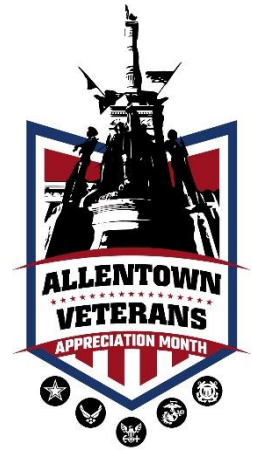
# Vendor Participation Form

Allentown Veterans Appreciation Month: Kickoff Event

Saturday, November 2, 2019

7<sup>th</sup> & Hamilton Streets, Allentown, PA

11:00am – 4:00pm



Point of Contact: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Here's what I'll be bringing to the event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any special requests/accommodations: \_\_\_\_\_

\_\_\_\_\_

*I understand that this event runs from 11:00am – 4:00pm, and that I am expected to be on site for the duration of the event. I agree to arrive for setup by 10:00am, and stay through the duration of the event.*

*By participating in the event, I agree to allow photos to be used by the City of Allentown and other partner organizations for future promotion and marketing.*

*I agree to hold the City of Allentown and event partners harmless and waive liability for this event, including set up and tear down times.*

Signed: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_