



**April 18, 2020 (9am-1pm)**

**VENDOR APPLICATION FORM**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of Booth Content: \_\_\_\_\_

Health Screening/Assessment I will provide: \_\_\_\_\_

**8Ft Table \$100** \_\_\_\_\_

**Power \$15** \_\_\_\_\_

**Total:** \_\_\_\_\_

Enclosed is my check payable to Nampa Recreation Center.

Please charge my:  Visa  MasterCard  Discover

Name on Credit Card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please remit registration form to:**  
**Nampa Rec Center**  
**131 Constitution Way**  
**Nampa, ID 83686**  
**Fax: (208) 318-2327**

No refunds or cancellations after April 3, 2020.

All vendor applications will be reviewed. Submission of application does not guarantee your spot in the event. Upon approval all vendors will be allotted an 8ft table at the Spring Kickoff Wellness Fair.

Vendor fee includes 1 table, 2 chairs, and tablecloth. Please bring all other necessary items.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



131 Constitution Way Nampa, Idaho 83686 (208) 468-5858 [www.nampareccenter.org](http://www.nampareccenter.org)