

Sacred Heart Festival

Inside Food Vendor Application

October 11, 12,13,14, &15 2017
Thurs & Friday 6PM to 9PM
Saturday 4Pm to 9PM, Sunday 1PM to 5PM

Business Name _____

Contact Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Email Address _____

Food Items for sale will include:

_____ Price I will charge: \$ _____ /meal

I will () will not () serve at my booth

Please complete the entire application before submitting. There is a \$25.00 application fee due upon submission. Make check payable to Sacred Heart Church. Please understand this fee is non-refundable upon acceptance of application.

I agree to donate 30% ___ 40% ___ 50% ___ 60% ___ 70% ___ 80% ___ 90% ___ or 100% ___ of the sales to Sacred Heart Church. (PLEASE CHECK ONE BOX)

Signature _____ Date _____

Sacred Heart Church 7809 46th Way N. Pinellas Park, Fl 33781 (727)541-4447