

**2024 Veterans Day Festival**

 Our Non-Profit-Organization ALCOVETS, is dedicated to supporting initiatives that will benefit our local veterans. Please fill out the vendor application below and our committee will evaluate your request before the event. Please ensure that you have submitted your vendor application before **November 1st, 2023**. All fees must be made payable to ALCOVETS. **You may mail your application with check or money order to**:

**ALCOVETS: 215 Albany Street Burlington NC 27215**

**Colonial Hardware**

**104 E. Elm Street, Graham NC 27253**

**November 9th, 2024**

**Festival from 11:00am – 5:00pm**

**Vendors set up 8:30am**

 **VENDOR FORM**

 **(Please Print Legibly)**

 **Name:**

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

 **Home phone: \_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_**

 **City: State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_**

 **Email Address:**

 **(YOU MUST PROVIDE US WITH A VALID EMAIL ADDRESS)**

 **Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **What type of product/service will you be vending? \_\_\_\_**

 **Special Needs (Access to electricity (AMP), water, etc.)?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 -Each vendor will be allotted one outside space per vendor fee.

 -Each vendor must bring their own fire-retardant tent, tables, chairs.

 **-Please indicate below how many spaces you will need.**

 **\_\_\_\_\_\_ # of spaces 10’ x 10’ = $50**

 - The Committee reserves the right to reject any application. If your application is not accepted, the $50 fee will be refunded. **ONLY 1 vendor per Direct Sales will be allowed.**

 **Once accepted, NO refunds will be made.**

 - **ALCOVETS nor the property owner** shall not be responsible or liable for the property of any vendor, any loss, damage, or injury occurring to any vendor, or its representatives. All property of the vendor shall be under the care, custody, and control of the vendor whether in transit to, from or within the Veterans Day Parade and Festival. The Event is **Rain or Shine.**

 I have read and understand that I am participating in this event at my own discretion.

**Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature required)**

For More Information or if you have questions, please contact Teresa Herring at 336-213-3060 or email: Chesneygrl2@yahoo.com