



Vendor Application Form

Vendor Information

Organization/Business Name:		
Address:		
City:	State:	Zip:
Contact Person/Title:		
Daytime Phone #:	Fax #:	
Email Address:	Website:	
Event Day Contact Person Name/Number:		

Vendor Space Information

Spaces Needed	Cost Per Space	Total
	Food Vendor \$200	
	Profit Vendor \$150	
	Non-Profit Vendor \$100	
Add \$100 if you want to have exclusivity (for food vendors only)		
Grand Total		

Signature

I declare under penalty of perjury in accordance with the laws of the Commonwealth of Virginia, that all of the information provided above is true and correct. I also understand that I'm fully responsible for the set-up and clean-up of my space(s).

Print Name:	Date:
Signature:	Title:

Please mail your form with check or money order to:

Gay Pride Virginia
 P.O. Box 17706
 Richmond, Virginia 23226-2614