



PLEASE COMPLETE THE FOLLOWING INFORMATION SO THAT WE MAY PREPARE FOR YOUR PARTICIPATION IN **FLAVORS OF SLO 2019**

Contact Information

Business Name: _____

Main Contact Person: _____

Main Contact Person's Cell Number: _____

Main Contact Person's Email: _____

Names **and** Cell Numbers of All Booth Workers Who Will Attend: _____

Beverage/Food Item You Plan to Bring:

Item: _____ (hot/cold)

Item: _____ (hot/cold)

Item: _____ (hot/cold)

Item: _____ (hot/cold)

Will you be selling any food, drink, and/or branded materials? (Yes, No) _____

Will you need ice? (Yes, No) If so, how many pounds of ice? _____

Will you be able to unload all of your supplies for the day during vendor setup? (Yes, No) _____
(We will have a limited amount of parking spots close to the vendor area for vendors who cannot unload everything in the beginning, and will need to replenish their stock throughout the day)

Will you need electricity? (Yes, No) _____
(There are a limited number of power outlets available to us, so if you require electricity, please RSVP as soon as possible so that we can try to place you in a location that will accommodate your needs.)

I, _____, am signing on behalf of _____, and agree to participate in FLAVORS of SLO 2019 for the full duration of the event.



United Way of San Luis Obispo County

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