

CRUISIN FOR DIALYSIS 2010
CRAFT / VENDOR APPLICATION

GROUP NAME: _____

ADDRESS: _____

CONTACT PERSON PERSONS FOR GROUP (Name, Phone Numbers, and e-mail if available):

NAME: _____ PHONE: _____ E-MAIL: _____ @ _____

NAME: _____ PHONE: _____ E-MAIL: _____ @ _____

FOOD ITEMS TO BE SOLD:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Electrical requirements-- 110 volt service only. You must provide your own heavy duty extension cords -- (Distance should not exceed 200 feet).

Please make check payable to "Cruisin For Dialysis", and mail to:
Cruisin For Dialysis
P.O. Box 69
Marion, Ohio 43301-0069

The \$25.00 for each crafter & \$100.00 for Food Vendors application fee is due with the completed application and is not refundable. Please return this application and the fee by the deadline of May 15th, 2010. Any applications received after this date will need to enclose a late fee of \$20.00. www.cruisinfordialysis.com

This event will be held rain or shine, on Saturday June 5, 2010. Streets will be closed starting at 10 a.m.

The "Christmas In July" Kidney Dialysis Support Group, is all volunteer members, and we will in no way be liable for the individuals of your group or your food services provided in Marion at the Cruisin for Dialysis on this day.

Authorized signature Printed name / Title

Contact number: 740-244-6117