



VENDOR APPLICATION FOR SOS FUN MONDAY

NAME OF SHAG CLUB: _____

ADDRESS OF SHAG CLUB: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____

TYPE OF PRODUCT TO BE SOLD: _____

HAS YOUR CLUB HAD A VENDOR BOOTH BEFORE? : ___ YES ___ NO

**ALL APPLICATIONS MUST BE SUBMITTED BY AUG. 31st OF THE EVENT YEAR
AND
MUST INCLUDE A CHECK FOR \$ 150 FOR SPACE RENTAL.**

(PLEASE REFER TO GUIDELINES FOR FUN MONDAY STREET VENDORS)

MAIL APPLICATIONS TO :

**GhYj Y'A J`YfZGlfYYhJ YbXcf`7\ UjfdYfgcb
)' %& 7\ i fW`GlfYYh
Hope Mills, NC 28348**