



Festival 2018 Merchant/Vendor Contract
October 19, 20, 21, 2018
Chesapeake College, Wye Mills, MD

Merchant / Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____ (business)

Email Address: _____ Phone: (____) _____ (cell)

Type of Merchandise / Product: _____

The Dance Festival Event day/time details:

Friday afternoon/evening, 4:30pm - 8:00pm (you can plan to arrive around 3pm for set-up)

Saturday, 8:30am - 5:30pm

Sunday, 8:30am - 3:30pm

Please indicate which days you would like space reserved: _____ Friday _____ Saturday _____ Sunday

Rates: Friday only = \$50

Saturday or Sunday = \$120

Full Weekend = \$200

We will provide up to two tables - please indicate if you need one or two tables: _____ one _____ two

If you wish to make an additional donation to support MD Council for Dance programs, we welcome your tax deductible donation to any of these areas:

Scholarship Fund: \$ _____

Annual State Dance Festival: \$ _____

Merchant/Vendor Fee: \$ _____

Total Enclosed: \$ _____

Please mail completed application w/payment (checks payable to: MD Council for Dance) to:

MD Council for Dance

c/o Shari Smigo, Executive Director

1030 Carmichael Rd.

Queenstown, MD 21658

Thank you for participating in this event and for your support of MD Council for Dance!