

VENDOR APPLICATION FOR THE “TASTE OF HAMDEN” AT THE MEADOWMILL ATHLETIC CLUB 25TH ANNIVERSARY

Event Date and Time:
FRIDAY, NOVEMBER 4TH, 6.00 p.m. - Midnight

YOUR SPACE: Your space will incorporate an eight-foot table (PROVIDED) that will be strategically set up in the Club. You are asked to decorate your table with a cloth, signage / theming / decoration as you see fit and how you would like your establishment perceived.

REQUIREMENT: Participants are asked to prepare a specialty dish and provide sufficient quantity to cater to a crowd of 400. (Exact number to be communicated by November 1st). Participants should provide all items and equipment to serve, plate and keep food warm.

ARRIVAL AND SET UP: An Event Committee member will be available from 2.00 p.m. on the day of the event, to show you your space and answer any questions you may have.

TASTE OF HAMDEN – RULES & REGULATIONS / APPLICATION:

- Application deadline for RESTAURANTS AND EATERIES is October 20th, 2017. Limited spaces are available. If at the time of the receipt of your application, the spaces are filled up, your application will be returned.
- Anyone selling a food product must have proof of insurance and this must accompany your application.
- The Event Committee reserves the right to reject any application.
- Incomplete applications will be refused.

VENDOR PARTICIPATION: • All vendors must be set up and ready to serve by 5.00 p.m. in their designated space and ready for the Party to begin at 6.00 p.m.

PLEASE SEND YOUR FULLY COMPLETED APPLICATION TO:
Meadow Mill 25th Anniversary, PO Box Sparks 775, MD 21152, or hand it into the Front desk at the club.

FOR QUESTIONS, CONCERNS or MORE INFORMATION PLEASE EMAIL: info@strongsidemarketing.com,
OR VISIT WWW.MEADOWMILL25TH.COM

VENDOR APPLICATION for THE TASTE OF HAMDEN

(APPLICATIONS SUBJECT TO APPROVAL BY THE FESTIVAL COMMITTEE)

NAME OR GROUP _____

STREET ADDRESS:

CITY, STATE, ZIP CODE:

CONTACT NAME:

CONTACT EMAIL:

CONTACT PHONE NUMBER:

FOOD TRUCK _____ FOOD BOOTH _____ (Check only one)

PLEASE EXPLAIN IN DETAIL EXACTLY WHAT FOOD ITEMS YOU WILL BE OFFERING:

* ELECTRICITY IS AVAILABLE.

PAYMENTS: THERE IS NO COST FOR PARTICIPATION.

SIMPLY SEND THIS COMPLETED FORM TO: Meadow Mill 25th. P.O. BOX 775, SPARKS, MD 21152
OR, HAND IT INTO THE FRONT DESK AT MEADOWMILL ATHLETIC CLUB.

MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY THE EVENT COMMITTEE. I AGREE TO CONFORM TO THE REGULATIONS SET FORTH.

SIGNATURE: _____ DATE: _____

Fill in all portions of this application form and mail it to: 25TH Meadow Mill Anniversary, PO BOX 775, Sparks, MD 21152

For more information on the event: www.meadowmill25th.com