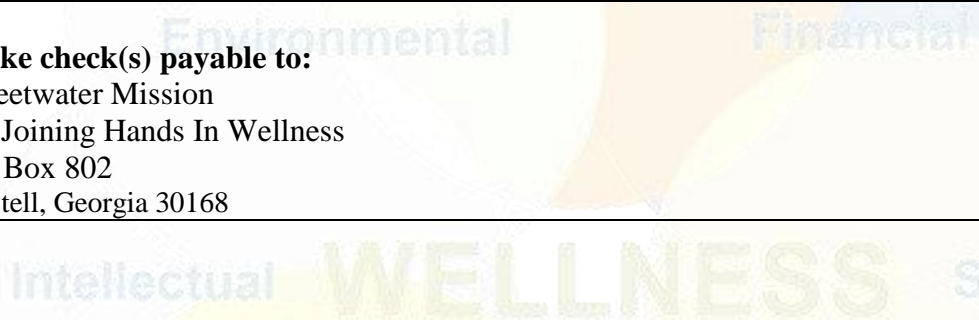




Vendor Application

Name of Club/Group/Business:	
Business Mailing Address:	
City:	State: Zip:
Phone:	Alternate Number:
Email:	
Website:	
Name of Primary Contact:	
How did you hear about Wellness Day?	
Brief Description of your Club/Group/Business:	
Choose Your Vendor Package	
<input type="checkbox"/> For-Profit \$50.00 <input type="checkbox"/> Food: \$50.00 <input type="checkbox"/> Non-Profit: FREE (Donation Accepted)	<ul style="list-style-type: none"> • Listing on the event website with your company link • Food Vendors will be accommodated in the Food Court area of Collar Park.
Booth Rental Agreement:	
<p>Vendor Booth location will be determined at the beginning of September based on the order of which vendors sign up and pay for their vendor space. You will be e-mailed when it is your time to choose your location. The Event will be 9AM- 2PM. Vendor Booth set up will be from 6:30AM-8:30AM that morning. No vendors will be able to set up prior to the day of the event. Tear down will be from 1-2 PM the day of the event. If you leave the event early or do not show the day of the event, you company’s acceptance in participation for future events could be compromised. Any food or drinks offered in a vendor booth must be approved by the Vendor Coordinator. See Terms and Conditions for more details and information.</p>	
<p>Initial here to signify you have read and understand the booth rental arrangement and plan to adhere to the instructions set forth in this document and the Vendor Form.</p>	
<p><input checked="" type="checkbox"/> By checking the box on the application, YOU acknowledge the Joining Hands In Wellness Day Participant Terms and Conditions of Attendance and Participation.</p>	

PAYMENT INFORMATION	
Payment Type (check one) : <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal (surcharge will be applied)	
If paying by credit card, please complete the following:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number: _____	
Exp. Date: _____	CVC: _____ Card Zip Code: _____ Date: _____
(Credit card payment will reflect payments to Sweetwater Mission)	
Pay online via link: https://co.clickandpledge.com/sp/d1/default.aspx?wid=111901	
Make check(s) payable to: Sweetwater Mission c/o Joining Hands In Wellness PO Box 802 Austell, Georgia 30168	



Thank You

Terms and conditions:

All participants are encouraged to read the terms and conditions on-line at www.wellnessdaysouthcobb.com as a sponsorship, vendor, volunteer, or other participation in the Wellness Day event. By completing, submitting applications or forms, or by participating in Wellness Day, participants are acknowledging and agreeing to be bound by the Wellness Day terms and conditions. Electronic submission will be considered an acceptance of the terms and conditions.