



TO REGISTER: *Registration Date:* _____

Event Date: Saturday, February 19
Event Time: 9am-1pm
Event Location: Veteran's Memorial Community Center

1. Complete the registration form and payment info below.
2. Return by mail (with payment) to:
Attn: Chelsea Swiggum
Parks & Recreation
8055 Barbara Avenue
Inver Grove heights, MN 55077
3. You can also email this form to cswiggum@ighmn.gov. If you wish to pay via a credit card over the phone please request so on this form.
4. Unless we receive payment, we will not reserve a booth space.
5. **Registration Deadline is Saturday, January 15.** (or until max. capacity of vendors has been reached)

VENDOR INFORMATION:

Business Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF ITEMS SOLD: _____

WILL YOU NEED ELECTRICITY? Yes _____ No _____

A fee of \$40 per table/booth space will be charged to participate, please indicate how many tables you would like to display your items: (includes an 8' banquet table and approximately 6' x 12' space to display items)


Number of tables/spaces? _____

NOTE TO PARTICIPANTS:

1. Multi-Level marketing companies will be honored a spot in the order an application and payment is received.
2. A release form and Operator Certificate of Compliance (State of MN ST19 tax form) is also required for your participation. These forms will be sent to registered participants approximately two weeks prior to the event.
3. Your registration fee will not be refunded if you cancel your registration after the Saturday, January 15, 2022 registration deadline.
4. Vendor check-in and set-up will take place from 7-8:45 a.m. the morning of the event. Details regarding set-up will be emailed to participants after registration deadline.
5. This space is utilized as a COVID-19 testing site Monday- Thursdays but is properly sanitized and the air is allowed to filter at least 24 hours prior to opening the doors to the public.

Signature

Date

PAYMENT TYPE: Credit Card: _____ (check one)		Check # _____ (made payable to VMCC)	TOTAL: \$ _____
Card Info Name on card _____	Account Number _____		
Signature _____	Expiration _____	Code _____	