

2008 AFRICAN AMERICAN HERITAGE FESTIVAL COMMUNITY/NON-PROFIT APPLICATION

Thank you for requesting an application to participate as a vendor at the 2008 African American Heritage Festival("AAHF"). **Please complete the application below and return the completed packet with full payment post marked no later than by May 30, 2008.**

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Fax Number: () _____

Email: _____

Did you participate with us in 2007? Please check appropriate box.

Yes

No

Standard Rate

Community/Non-Profit \$200.00

NO PERSONAL CHECKS, NO CASH ACCEPTED!!!!

MONEY ORDER: \$ _____ enclosed

CASHIER'S/CERTIFIED CHECK: \$ _____ enclosed

Please list any special needs or requests (all requests are NOT guaranteed for approval)

If this application is accepted and approved by the AAHF's Vending Committee, I hereby agree to abide by any and all rules regulations set forth by the AAHF as noted in the AAHF Community Row Rules and Regulations attached to this application and all forthcoming AAHF vending documents.

X _____

Signature of authorized representative Date

(Please sign)

Please make payable to:
African American Festival
Foundation

Mail to: AAHF
P.O. Box 67368
Baltimore, MD 21215