




ARTS & MUSIC IN THE PARK COMMUNITY ENRICHMENT REGISTRATION FORM

Vendors must bring your own set up

Today's date:				VENDOR NUMBER :			
Community Outreach and Vendor Information							
VENDOR last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	TYPE OF VENDOR FOOD /JEWELRY / NON-PROFIT / SPECIALTY VENDOR	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		VENDOR RATE: \$60.00 \$		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			TYPE OF VENDOR :		Home phone no.: ()		
P.O. box:		City:		State:		ZIP Code:	
Occupation:		Employer:			SPECIALTY VENDOR ()		
Referred to EVENT by (please check one box):							
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Yellow Pages	
<input type="checkbox"/> Other		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

EMPLOYMENT VENDOR INFORMATION

Please call 317-986-7714 or 317-418-9267f or any questions

Person responsible for Booth:		Birth date: / /	Address (if different):		Home phone no.: ()	
PARTIAL PROCEEDS GO TO ROSI.ORG -						<input type="checkbox"/> Yes
Company Name :		Vendor Rate \$	Employer address:			Employer phone no.: ()
How many openings do you have? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please indicate specific job(s) listings						
<input type="checkbox"/> Hospitality		<input type="checkbox"/> [Insurance]		<input type="checkbox"/> Warehouse		<input type="checkbox"/> Health Care
<input type="checkbox"/> Administrative		<input type="checkbox"/> Clerical		<input type="checkbox"/> Clerk		<input type="checkbox"/> Customer Service
<input type="checkbox"/> Other		<input type="checkbox"/> Call Center				
Subscriber's name:		Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: \$
PAYMENT TYPE: <input type="checkbox"/> OFFICE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHARGE CARD						
				  		
Name (if applicable):		VENDOR name:			Group no.:	
VENDOR RATE: \$60.00 Non-refundable						

CONTACT INFORMATION

Redemption Outreach Service inc. / R.O.S.I. Demetrice Bruno 317-986-7714		No Refunds, Deadline is August 14th Or call for extention. 317-986-7714	Office phone no.:	VENDOR PROVIDE YOUR OWN TABLES & CHAIRS 2 TABLE LIMIT/MORE THAN TWO PLEASE Call: 317-986-7714
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I understand that I am financially responsible for any balance. I also authorize ARTS & music IN THE PARK community enrichment

SIGNATURE

DATE