Vendor Commitment Form



Please chec	k amount of participation:	can't ctop the	2
v	_ Regular Vendor Fee - \$25 per event	Waves	× × ×
v	_ Food Vendor Fee - \$35 per event	7000	X × ×
Please chec	k event dates for participation:	but you can learn to surt.	××××
•	_ Easter		
•	_ BBQ/Fireworks		
•	_ Zombie Run		
•	_ Halloween		
•	_ Christmas Hayride		
Vendor Informa	ation:		
Business Name	:		

Payments can be made by cash, check, or credit card

If paying by check please make payable to The Fishstrong Foundation
call and make the payment by phone.

Mailing Address: _____

Citv:______ State:_____ Zip:_____

Phone: _____ Email: ____

Cash or check can be dropped off or mailed at the office to: 3100 Freedom Way, Hubert, NC 28539

You may return this form via fax to 910-326-1178; scan and email to fishtsrongfoundation@gmail.com, or by mailing it to us.

NOTE: Please email your logo, if applicable, to fishstrongmarketing@gmail.com and put SPONSOR LOGO in the subject line. Thank you!!