

Arab and Chaldean Festival
 2011 Organization and Commerical Contract
 Space # _____

Dry Goods Vendor Application

Name of Organization _____
 Name of President _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Work _____ Fax _____
 Email _____

Please list your dry good items you wish sell, along with other items you wish to see at the festival being held on July 30 - 31, 2011.

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____

PLEASE NOTE THE FOLLOWING:

It is very important that we agree to fulfill all the requirements set forth by the Arab & Chaldean Festival policies, the Board of Health policies and the City of Detroit policies at all times.

To help us plan the allocation of space at the Festival, your decision will be final upon receipt of this form. This form must be received no later than June 30, 2011.

Signature _____
 Date _____

TOTAL COSTS:

| | |
|-------------------------------------|--|
| Space Rental 10'x 10' | |
| Consumer Affairs License | |
| Parking Tickets for tow dyes | |
| | |
| Total | |

Date Paid _____ Amount Paid _____ Check Number _____

MAKE CHECKS PAYABLE TO:
 Arab and Chaldean Festival
 7234 Oakwood Drive
 West Bloomfield, MI 48322
 Tele/Fax: (248) 960-9956
 E-mail: aacfestival@yahoo.com
 Website: www.Arabandchaldeanfestival.com