

**ROTARY CLUB OF ROCKVILLE, CT**

**VENDOR INFORMATION**

Name: .

Type of Business:

Phone Number: .

Email: .

**Signature**: **Date**: .

**EVENT INFORMATION**

* Event is located at the Ellington Senior Center, 40 Maple Street, Ellington CT
* Date: Saturday, October 9th from 11am-3pm
* Vendors should arrive by 10:00AM to set-up and should stay until event ends
* NO alcoholic beverages can be served
* Vendor is responsible for removing their own trash
* Vendor responsible for bringing own table and chairs

**PAYMENT INFORMATION**

**Event fee is $50 per 6-foot table/space.** P**lease have payment accompany this signed form.**

 I have paid on the website <https://go.rotary7890gives.org/foodtruckfestival>

I have enclosed a check made payable to: Rotary Club of Rockville, CT

**Please mail to:**

**Rotary Club of Rockville, CT**

**P.O. Box 3155**

**Vernon, CT 06066**

*\*\*If you have any questions with this form, please contact us at RockvilleRotaryCT@gmail.com\*\**