

Vendor Sale of Goods Application Form

Vendor Information:

Vendor Business Name:			
Contact Name:			
Address:			
Email address:			
Cell phone:		Website	

Event Information:

Please provide a description of the items for sale. (please attach photos of a sample of goods to be offered for sale to this application)	
How many 2 ½ ft X 5 ft tables are required (maximum of 2 tables)	
Preferred dates – please provide up to 4 dates you would like to come in for the current year. The dates must be a minimum of 30 days apart. Additional days may be approved at the discretion of the Regional Coordinator, Volunteer Services.	1.
	2.
	3.
	4.

All vendors that come into BC Cancer – Kelowna will be required to provide a minimum of 15% of gross revenue (proceeds) due one week after the event, to Volunteer Services in support of patient care activities provided by volunteers. A tax receipt cannot be issued for receipt of proceeds. Payment currently accepted by cash only. *Note: This requirement can be waived at the discretion of BC Cancer Kelowna administration.*

As the Vendor I have read and accept the Vendor Sale of Goods Terms and Conditions.

Signature

Date

The Regional Coordinator, Volunteer Services will follow-up with 5 business days of receiving your application and signed Confidentiality Agreement to let you know if your application was approved.