

Vendor Sale of Goods Application Form

Please print clearly and ensure you have completed all sections of the form.

Vendor Information:

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

Event Information:

Please provide description of items for sale. (sample of portfolio of goods to be offered for sale, to be provided at time of application)	
Number of 2 ½ ft X 5 ft tables required (maximum of 2 tables)	
Preferred dates – please provide 2 desired dates if you want 2 dates of 2 consecutive days or 4 desired dates if you want 4 single dates. The dates must be a minimum of 30 days apart.	1.
	2.
	3.
	4.

All vendor activities in the main floor lobby area of BC Cancer – Kelowna will be obligated to submit a minimum of 15% of gross revenue due one week after the event, to Volunteer Services in support of patient care activities provided by volunteers. Payment accepted by cheque or cash (cheques payable to BC Cancer Agency).

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

Signature

Date

Signature of Regional Coordinator, Vol Serv

Date