



VENDOR REGISTRATION FORM

Organization Name: _____

Address: _____

Contact Person: _____

Bus #: _____ Cell #: _____

Fax #: _____

E-mail: _____

Please bring your own table covering- 8 ft rectangular tables

Electrical required: _____ (not always available) Reason: _____

Tables: 1 OR 2 Chairs: 1 OR 2

Your product of Service: _____

Cost for single table= \$100 Cost for 2= \$150 Paid: Yes, Date: _____

FOR MORE INFORMATION EMAIL: info@dancedancedance.biz



PLEASE MAIL PAYMENT & REGISTRATION FORM TO:

Dance, Dance, Dance

PO Box 4781

Ocala FL, 34478