



Live the Dream Foundation
Presents
EPA Juneteenth Multi-Cultural Festival
Vendor Request Form

Date:

To: Live the Dream Foundation Friends, Supporters & Constituents.

Name of individual: _____

Name of Business: _____

Address: _____

City, State, Zip code: _____

Telephone numbers: _____

Email Address: _____

Type of Merchandise: _____

Type of Culinary Items: _____

<u>TYPE</u>	<u>SIZE</u>	<u>PRICE</u>
Food Vendor Space	10' Wide x 6' Deep	\$275.00*
Vendor Space	“	\$150.00
Non Profit	“	\$100.00

Please submit Vendor Request Form along with a check payable to: Live the Dream Foundation, P.O. Box 611573, San Jose, Ca. 95161. Vendor Request Forms may be emailed to: LavellPenn@Gmail.com or faxed to: (408) 258-7367. Please submit all request forms and monies NLT June 11, 2011.

Food Vendors must provide and submit current Health Permit with Vendor Form and Monies.

Thank you for your much needed and appreciated support.