

THE OHIO ASSOCIATION OF GARDEN CLUBS, INC.



VENDOR CONTRACT

Event: _____
Venue Address & Telephone # _____

Date (s) _____

I, Name Club or Business Name

Address City Zip Phone

Agrees to submit the following fees as set by OAGC _____
the amount of \$ _____ **per table for table rental or set fee of \$** _____
No. of tables needed _____
Payment Made: \$ _____
Sales Specialty: _____

Vendor Signature and Date: _____

Checks are to be made payable to: _____
And mailed to:
Name: _____
Address: _____
By (Date) _____

Vendors are to be present at their tables during the hours noted. _____
Set Up Times set by OAGC/ Venue _____
Take Down Times set by OAGC/ Venue _____
Must be completed by time (as set by OAGC/ Venue) _____

Confirmations will be made by (circle one) mail (or) email (or) text (or) telephone - as set by the OAGC representative; # _____ week(s) before the event.

Questions: Please call _____