



# MERCHANDISE VENDOR BOOTH APPLICATION



**FEE: \$250.00/One Space; \$450.00/Two Spaces (each booth space is 10' x 10')**

**(Fee per booth includes: booth space and entrance to Rosecroft Raceway for up to four (4) persons who will operate booth)**

**A non-refundable deposit of \$25.00 (per booth space) is due upon submission of application**

**For Vendor information, contact Michelle Parker at 301-219-0205 (cell) or email to [missparker67@gmail.com](mailto:missparker67@gmail.com)  
Faxed documentation may be sent to FAX# 202-879-0116; Attention: Darlene Stukes**

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SALES TAX ID#:** (Must be filled out) \_\_\_\_\_

**METHOD OF PAYMENT:** (Please select method of payment)

Cash     Credit Card (Credit Card Authorization Form – PAGE 3)     PayPal (Email: [scf@bythebooksaccounting.com](mailto:scf@bythebooksaccounting.com))

Check     Money Order (Make checks and money orders payable to: **The Street Corner Foundation**)

Postal mailed applications/forms with payment should be sent to: **Darlene Stukes c/o The Street Corner Foundation, P.O. Box 62808, NE, Washington, DC 20029** and must be postmarked by September 21, 2008.

**BOOTH SPACE:** (Please indicate the number of spaces you are requesting) \_\_\_\_\_ **TOTAL: \$** \_\_\_\_\_

(Vendors utilizing trucks/trailers etc. may require additional space, therefore when assessing your booth space needs be sure to request the appropriate amount of space accordingly)

**BOOTH BADGES:** (Please list names of Vendor representatives for booth name badges)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Booth space is limited, therefore, early submission of your application with PAYMENT IN FULL IS STRONGLY SUGGESTED to ensure a spot. Upon receipt of payment in full, a Vendor Information Packet will be sent (via e-mail) which will include vendor check-in procedures, times, and set-up/break-down information.**





THE STREET CORNER FOUNDATION  
WASHINGTON, D.C.



**CREDIT CARD AUTHORIZATION FORM**

I HEREBY AUTHORIZE THE STREET CORNER FOUNDATION, WASHINGTON, D.C. TO CHARGE:  
*(Please select all that apply)*

- VENDOR BOOTH APPLICATION FEE IN THE AMOUNT OF \$ \_\_\_\_\_
- FOOD VENDOR BOOTH FEE IN THE AMOUNT OF \$ \_\_\_\_\_
- MERCHANDISE VENDOR BOOTH FEE IN THE AMOUNT OF \$ \_\_\_\_\_
- DONATION IN THE AMOUNT OF \$ \_\_\_\_\_

TO MY/MY COMPANY CREDIT CARD FOR **BIG TIGGER'S 2<sup>ND</sup> ANNUAL RIDE FOR LIFE**  
*(The payee should appear as "The Street Corner Foundation" on your credit card statement)*

**KINDLY COMPLETE THE INFORMATION BELOW AND ATTACH A CLEAR PHOTOCOPY OF THE CARD HOLDER'S DRIVER'S LICENSE, AND BOTH FRONT AND BACK OF THE CREDIT CARD.**

COMPANY NAME: \_\_\_\_\_

CREDIT CARD#: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME IMPRINTED ON CARD: \_\_\_\_\_

***I certify that the above information is true and accurate. I hereby authorize THE STREET CORNER FOUNDATION (SCF) to charge my credit card with all expenses specified.***

**CARDHOLDER'S SIGNATURE: \_\_\_\_\_**

*(In case of errors or inquiries, you must contact us within ten (10) days of receipt of payment)*