



5615 Pershing Ave, Ste 29
St. Louis, MO 63112
314-833-6751

7th Annual Sickle Cell Stroll

Event Vendor Contract Name: _____

Event Location: January Wabash Park 501 North Florissant Rd Ferguson, MO 63135

Event Date: Saturday, September 8, 2018

Cost: \$50 per Vendor

Contract Details: Vendor must provide their own equipment i.e.: tables, chairs, tent etc. All fees are non-refundable*. Vendors can begin set up at 7:30am. Break down is 12:30pm. Vendors are responsible for leaving the area in the same condition as they found it. All products and services for display, promotion or sale must be approved. The Sickle Cell Association (SCA) reserves the right to decline or censor any vendor booth. The SCA or their affiliates will not be held responsible for any liability, lost or stolen or damaged merchandise or any injury incurred during the Sickle Cell Stroll. *Full refund will be made if vendor application is declined by the SCA.

Registration: Vendor form must be received and paid in full by August 11, 2018.

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DECRPTION OF PRODUCT OR SERVICE BEING OFFERED:

Total Amount Submitted: _____

Signature of Vendor: _____ Date: _____

Make Money Order Payable to: Sickle Cell Association, PO Box 2751, Florissant, MO 63032

Make Payment via PayPal: rbritts@sicklecellassociation.org