

Booth # \_\_\_\_\_

BOOTH APPLICATION  
SYLVAN PARK  
2011

The Redlands 4<sup>th</sup> of July Committee, Inc. invites you to participate as a vendor at this year's 4<sup>th</sup> of July celebration in Sylvan Park. We ask that you print and complete this form and return it to us as soon as possible. Please mail it back to **Meike Murone (4th of July Parade) P.O. Box 7214 Redlands, CA 92375**

**E-Mail: 4th@redlands-events.com**

NAME OF ORGANIZATION: \_\_\_\_\_

WILL SELL: 1<sup>ST</sup> Choice \_\_\_\_\_

2<sup>ND</sup> Choice \_\_\_\_\_

3<sup>RD</sup> Choice \_\_\_\_\_

Electricity will be available on a limited basis. Prior approval is necessary to have access to electricity at the park. We will not be able to accommodate electric warming ovens.

ELECTRICITY NEEDED: Yes \_\_\_\_\_ NO \_\_\_\_\_

If you are a returning group, you will be given priority of the item your group sold last year until June 17, 2011. After that date, items will be assigned on a first-come basis. If you are a new group, you may want to make more than one choice, as no group may duplicate another. Booths at the park will be arranged to accommodate electricity needs.

The fee for a booth is \$100.00 for revenue producing vendors and \$50.00 for non –revenue producing vendors. If your application is not accepted , your check will be returned.

MAKE CHECKS PAYABLE TO: REDLANDS 4<sup>TH</sup> OF JULY COMMITTEE, INC., and mail the fee and application to **Meike Murone (4th of July Parade) P.O. Box 7214 Redlands, CA 92375**. If you have any questions, please contact **George Barrich**, Mon-Fri. 8a.m. – 5p.m. at 909-793-9683 or E-mail at isubarich@aol.com

A confirmation of your request, map, will be sent to you after the approval by the 4<sup>th</sup> of July Committee. If you are selling a food item, you must fill out the attached health department form and send it in ASAP. **DO NOT WAIT FOR CONFIRMATION. THERE IS NO CHARGE TO YOU FOR THE HEALTH DEPARTMENT PERMIT.**

Sincerely yours,

Redlands 4<sup>th</sup> of July Committee  
**George P. Barrich**

CONTACT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_