



IN PARTNERSHIP WITH



VENDOR APPLICATION

SEEKING VENDORS FOR THE 12H ANNUAL VICKI SOTO 5K WHO CAN PROMOTE EDUCATION, LITERACY, HEALTHY LIVING, COMMUNITY ENRICHMENT, AND/OR FITNESS.

Name: _____

Company Name: _____

Address: _____

Phone#: _____

Email: _____

Please list what your company/organization represents and what you intend to bring/hand out at the event: _____

Registration Fee: 10X10 spaces @ \$250.00 per space, table and tent not included. Fee waived for sponsors.

NUMBER OF SPACES REQUESTED: _____ TOTAL: \$ _____

CHECKS CAN BE MADE OUT TO "THE VICKI SOTO MEMORIAL FUND, INC." AND MAILED TO: 158 KNOWLTON STREET, STRATFORD, CT 06615 OR VIA PAYPAL EMAIL DONNA@VICKISOTO5K.COM.

QUESTIONS CAN BE EMAILED TO MATHEW@VICKISOTO5K.COM

APPLICATION DEADLINE: OCTOBER 1, 2024

THE 12TH ANNUAL VICKI SOTO 5K, WILL BE HELD ON SATURDAY, NOVEMBER 2, 2024.

I, _____ the undersigned, hereby agree that no products will be sold. The Vicki Soto 5K Race reserves the right to refuse any vendor not meeting the regulations and guidelines to participate in this event.

I, _____, hereby release the Vicki Soto 5K Race and/or the Town of Bridgeport from any accidents, damages, or theft of the above-said property or properties before or during the Vicki Soto 5K Race.

I, _____, by signing this form, do agree to all regulations and guidelines.

Vendor Signature: _____

Date: _____

Vendor's Vehicle

License plate # _____

PLEASE UNDERSTAND THAT NO VENDORS WILL BE ALLOWED TO LEAVE DURING THE RACE. VENDORS WILL HAVE TO WAIT UNTIL THE RACE IS OVER. APPROXIMATELY 6 AM-1 PM