

New Vendor Waiting List Application

Vendor / Business Name _____
Contact Name _____
Secondary Contact Name (optional) _____

Vendor Address
Street Address _____
City, State ZIP _____

Contact Email Address _____
Contact Primary Phone _____
Contact Secondary Phone _____

Preferred Contact Method Email Phone

Vendor Merchandise Description _____

Booth Size Requested 4x4 8x8
 10x10 12x12
 14x14 Custom

Specify Custom Size _____

Contact for any available booth sizes? Yes No

Date of Request to be added to
Vendor Waiting List _____

How long does Vendor wish to remain
on the Waiting list? _____

For Office Use Only	
Date Application Received by UCVM	_____
UCVM Representative Receiving	_____
Date Vendor Booth Offered to Vendor	_____