

Vendor Application

Onslow County
Veterans and Active
Duty Family and
Friends Fun Day.

A Military Order of the
Lancers Community
Event



Contact Information

| | |
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| Vendor Name | |
| Street Address | |
| City ST ZIP Code | |
| Vendor Phone | |
| Contact Person | |
| E-Mail Address | |

About Vendor

Type of Product or service offered?

Booth Fee Information

Tell us in which type of Reservation You Need. Proceeds offset expense of event and fund Activities Sponsored by the Military Order of the Lancers including Operation Deployed Santa. **All Checks should be made out to Haws Run Community Building (Lancer Event Fund) and Mailed to Mike Caley Event Operations Military Order of the Lancers 124 Imperial Lane Jacksonville, NC 28540.**

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|--|--|
| <input type="checkbox"/> Not for Profit Service to Veteran (No Expense to Vet) | Promotional Items and Family Oriented Activity |
| <input type="checkbox"/> FEDERAL AGENCIES / LEO / STATE AGENCIES | Promotional Items and Family Oriented Activity |
| <input type="checkbox"/> Nationally Recognized VSO | Promotional Items and Family Oriented Activity |
| <input type="checkbox"/> Military Banking or Credit Union | Promotional Items and Family Oriented Activity |
| <input type="checkbox"/> 10x10 Booth Inside (add \$10 if electric is needed) | \$20 donation plus one door prize |
| <input type="checkbox"/> 10x10 outside area (Must provide own tables and tent) | \$15 donation plus one door prize |
| <input type="checkbox"/> Have Own Free Standing Unit Outside (No Electric) | \$20 donation plus one door prize |
| <input type="checkbox"/> Mobile Trailer or Concession Unit have own electric | \$20 donation plus one door prize |
| <input type="checkbox"/> Outdoor Unit need electric | \$50 donation plus one door prize |

(Minimum value of door prize \$20. Multiple lesser value units may be substituted for one \$20 value.)

Services in Lieu of Fee

Vendor is willing to provide the below listed service to Veterans and Active Duty free in lieu of fee if accepted.

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Previous Vendor Experience

List recent prior events you have participated in.

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Emergency Information If different from Contact Information please provide on supplemental sheet.

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|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a vendor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.