

VENDOR REGISTRATION FORM

FATHER'S DAY CRAWFISH BOIL FUNDRAISER

VENUE: KAZOOLA'S
VENUE ADDRESS: 558 DAUPHIN ST. MOBILE, AL 36602
TIME: SUNDAY, JUNE 16, 2019 4 PM UNTIL 6 PM
PLEASE BE SET UP BETWEEN 3PM-3:30 PM



Please complete the form below and send via email to:
tc Carroll@ozanampharmacy.org
For more info contact Tenaysha Carroll, 251.721.0458

Space will be granted in the order your vendor registration form is received.
Vendors can also register for vendor space through www.ozanampharmacy.org.

Your table will contain: two chairs, one six-foot long table and two arm bands for crawfish boil

Organization: _____

Contact Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Website: _____

Product Information: (Please provide a brief description about your product. This information may be used to determine vendor space and/or marketing for the conference.)

VENDOR PRICE: \$35.00
ALL MONIES FOR VENDOR TABLE MUST BE MAILED IN BY:
FRIDAY, JUNE 7, 2019 by 3 PM
PLEASE SEND PAYMENT TO:
OZANAM CHARITABLE PHARMACY
ATTN: TENAYSHA CARROLL, DEVELOPMENT COORDINATOR
CRAWFISH BOIL VENDORS
109 S. CEDAR ST., MOBILE, AL 36602