



SPONSOR BOOTH APPLICATION FORM

City of Slide: _____

Contact Person: _____

Date: _____

Title: _____

of Booth Space: _____

Booth Size Requested: _____

Vendor Type: Individual U.S. Corporation U.S. Non-Corporation LLC.

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____ Email: _____

Briefly describe your organization below:

Product(s) or Service(s) you will be promoting:

Promotion Type: Retail Sales Food Sales Promotional Only

Special Needs: _____

Disclaimer: It is the responsibility of each vendor to comply with local licensing laws, obtain any and all permits and report total revenues and/or pay tax as required by each city. All distributors of consumable products must meet the Health Department guidelines. The Urban Slide™ will not be held responsible for non-compliance.

Please complete and return to Sponsorship@TheUrbanSlide.com