

## Health and Safety Fair Vendor Application

### Contact Information

Your Name:

Organization Name:

Organization Address:

Business Phone:

Cell:

Email:

Organization Purpose/ Description:

Brief description of any proposed demonstrations, please let us know if you need access to an outlet:  
(We provide a 6 ft table and 2 folding chairs, you are responsible for table coverings.)

Please list any giveaways, literature, or assessments you will be providing:

### Our Policy:

All applications are subject to approval by the Apple Scrapple Committee. Not all applications will be accepted due to limited space, liability and/or conflict of interest of all participants of the Health and Safety Fair.

The Health and Safety Fair is not a venue for fundraising events or product sales.

### 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 volunteer, any false statements, emissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name:

Signature:

Date: