



Vendor Application Registration Form October 18, 2010

Thank you for your interest in serving as a vendor at the Lucea Cross the Harbour Swim and Regatta. Please complete the form below and submit to our local office. Please print information clearly and complete all sections. Completing this form is not a guarantee that you will be approved for a booth at the event.

Last Name:		First Name:		Middle Initial
Company/Business/Organization Name:				
Address Line 1:				
Address Line 2:				
City/Town:	State/Parish:	Zip/Postal Code:	Country:	
Company Contact Name:			Company Phone:	
Contact Phone Number:	Email Address: (if applicable)			
Please check the appropriate box below:				
<input type="radio"/> Food/Beverage				
<input type="radio"/> Clothing/Textiles				
<input type="radio"/> Art/Music/Entertainment				
<input type="radio"/> Hospitality/Travel/Tourism				
<input type="radio"/> Wholesale/Retail Trade				
<input type="radio"/> Accounting/Banking/Financial/Real Estate/Insurance				
<input type="radio"/> Other (specify)				

Payment or Consideration \$ _____ US\$ or JA\$ (circle one)

Signature: _____ Date: _____

Contact Email info@Luceacrosstheharbour.com or info@Luceacrosstheharbor.com

Phone: 876-577-6112-

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