



WYCKOFF DAY 2010 ~ REGISTRATION FORM

Saturday, June 12 (rain date Sunday, June 13) 1pm - dusk

Contact Person _____

Organization /Business Name _____

Phone _____ E-mail _____

Address _____

Type of Application ~ Please Check ONE

Non-Profit

Wyckoff Business

Non-Wyckoff Business

___\$50/booth

___\$100/booth

___\$150/booth

Wyckoff Food Vendor

Non-Wyckoff Food Vendor

___\$250

___\$350

*(A Non-Profit or Business Booth = ONE table and TWO chairs;
A Food Vendor Booth = TWO tables and TWO chairs)*

TOTAL # SPACES _____ @ \$ _____ (select rate from above) = \$ _____

ADDITIONAL # TABLES _____ @ \$12 EACH = \$ _____

ADDITIONAL # CHAIRS _____ @ \$5 EACH = \$ _____

ELECTRICITY – ADD \$50 PER VENDOR \$ _____

TOTAL ENCLOSED: \$ _____

***PLEASE NOTE: WYCKOFF RESIDENTS and WYCKOFF BUSINESSES
MAY PAY THE PREFERRED WYCKOFF RATE.**

DESCRIBE YOUR BOOTH. What activities, games or giveaways do you plan? If you plan on selling food or beverages, please list the menu and their cost to the public. Alcoholic beverages are prohibited. _____

SPACE WILL BE ALLOCATED BY THE WYCKOFF DAY COMMITTEE.

IF SELLING FOOD, YOU MUST REGISTER WITH THE BOARD OF HEALTH.

This application will be reviewed by the committee and upon acceptance, you will be e-mailed a confirmation as well as any other details you may need to know.

Mail to: Jennifer Sauer Wyckoff Family YMCA 691 Wyckoff Ave. Wyckoff, NJ 07481

Payment is due with this application. Make checks payable to: Wyckoff Family YMCA

RAINDATE: Sunday, June 13, 2010