

SAN JACINTO DAY FESTIVAL AND BATTLE REENACTMENT

SATURDAY, APRIL 13, 2019 10AM - 6PM.

VENDOR APPLICATION

PLEASE PRINT Company Name:		
	on signage and all publicity for the event.)	
SALES TAX# OR SOCIAL SECURITY#		
Contact name:		
Address: (If mailing address is PO Box number, phy	/sical address also required.)	
City & State:	Zip:	
Email:		
Phone Number: ()_	Cell Number: ()	
Web site (if applicable)		
Tell us about your past festival experience. Inclu	emonstrated: ide name of festival, location, date and contact:	
	two tables and chairs provided. Canopy and signage not urning vendors. Please let us know if you do not want the	
Category: Commercial Sales - \$.95/square foot Demonstrator w/ Commercial Sales - \$.45/square Exhibitor/Entertainment - \$0	re foot	
Add-ons: 10x10 Canopy - \$30 Additional Chairs - \$2 each Additional Tables - \$10 each		

Total \$		
Payment Method:		
Company check (NO *Please make checks Money order MasterCard Visa Discover American Express	personal checks) payable to San Jacinto Museum of Hist	tory Association
Credit Card Information*:		
Account #:	Expiration. Date:	CVB#
Name as it appears on the card:		
Cardholder's Signature: Date:		Date:
changes and updates. I have read the 2019 San Jacint	o Day Festival Call to Vendors and	om/sjbattlereenactment for last minute d agree to the terms and conditions thereof. San Jacinto Day Festival Committee.
Signature:	Date:	
Print Name:		
Company Name:		
*If you wish to give the credit card confirm your payment and reserve	•	lmark 210-824-9474. You will receive a notice to
Please fax or mail a copy of this	s application to Sellmark.	
Fax number: 210-824-9318 Mailing address: Sellmark		

816 Camaron, Suite 1.06 San Antonio, TX 78212

Attn: San Jacinto Day Festival

Questions can be directed to associate@sellmarkusa.com or call Sellmark at 210-824-9474.