



2012 - Vendor Registration Form

*fees are non-refundable***

Vendor Company: _____

Contact Person: _____

Phone: (work) _____ (cell) _____

E-mail address _____

Address: _____

Area (approx. size needed) _____

of tables needed? _____ (3 are provided, additional are \$5 each)

Merchandise to be sold: _____

PLEASE PLAN ON BEING SET UP PRIOR TO THE START OF THE CLASSIC AND STAYING TO THE LAST GAME.

**PLEASE SEND THIS FORM, INSURANCE CERTIFICATE via email to
ksmclachlan@rochester.rr.com**

AND FEE (payable to "Fairport Youth Lacrosse, Inc.") to:

**Kathy McLachlan
6 Lavender Circle
Fairport, NY 14450**

Please return by April 30th, 2012

Form rcvd:
_Insurance_____
_Payment_____

