



TOWN OF TABER  
**Taber's 2<sup>nd</sup> annual Health & Wellness Expo**  
**Vendor Application / Contract**

Please coordinate arrangements through the ACE Coordinator (403-223-6013)

**Complete and return Fitness Expo Vendor Application form to the Town of Taber office no later than October 12<sup>th</sup>, 2020**

**Business Overview:**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Event day contact: \_\_\_\_\_  
 Event day phone: \_\_\_\_\_

**Both Description: how is this business related to health, wellness or fitness? (Include any give-away items, sale items and gifts):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BOOTH RATES**

BOOTH SIZE	Prize	# Required	Total
10x10	\$25.00		\$
20x10	\$40.00		\$
TOTAL	-	-	\$
EXTRA	Price	# Required	Total
Power	\$0.00		\$0.00
Extra folding chair(s)	\$0.00		\$0.00
Extra folding table(s)	\$0.00		\$0.00
TOTAL	-	-	\$0.00
TOTAL	Price	# Required	Total
Booth	-	-	\$
Extras	-	-	\$0.00
TOTAL	-	-	\$

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this document you agree that everything is true and correct, and are agreeing to the vendor guidelines.*