

UNION VALE VENDOR INDICATION OF INTEREST

VENDOR INFORMATION	
Applicant's Name:	Union Vale Resident? Yes□ No□
Local Vendor Name:	Non-Profit Group? Yes□ No□
Type of Merchandise/Service:	Phone #:
Activity offered at table:	
Mailing Address:	
Email Address:	
Please list which event(s) are of interest:	
Applicant Printed Name:	
Applicant Signature:	
Date:	
For more information or to submit an indicate (845) 275-5581 or stop by the Union Vale Pa	tion of interest, please contact EVENTS@UNIONVALENY.US / arks & Recreation office.
FOR OFFICE USE ONLY NOTES:	