

Wellness Day 2015

Food Vendor Application

Name of Applicant: _____

Group/Organization: _____

Address of Group/Organization: _____

Phone (Day): _____ (Evening): _____

Email Address: _____

How does your program support youth in the community?

In a few words, please describe your organizations goals/purpose for fundraising at Wellness Day 2015.

What type of food options do you plan to provide at Wellness Day 2015?
