

VENDOR APPLICATION

Company Name: _____

Company Address: _____

Company Phone: _____ Business Type: _____

Owner / Proprietor's Name: _____

Owner / Proprietor's Address: _____

Owner / Proprietor's Phone: _____

Contact Person: _____

Contact's Phone Number: _____

Contact's Email: _____

Number of tables needed: _____ Electricity Needed: _____

Number of Employees working the day of the event: _____

Will you need dinner? _____ Y/ N How Many? _____

Preference: _____ Chicken _____ Fish _____ Vegetarian _____

Fill out form and FAX to 856-365-7318 or E-Mail to UccUpk@aol.com

PLEASE MAKE PAYMENTS TO:

Unity Community Center of S. J. Inc
1544 Mt. Ephraim Avenue
Camden, NJ 08104

(856) 365-4817 or (856) 365-1226

www.UnityCommunity.com

WE ACCEPT MAJOR CREDIT / DEBIT CARDS

