

Wellington Cares Tea and Trinkets

Sunday, March 18, 2018
Wellington National Country Club

I agree to participate in the Wellington Cares Tea and Trinkets, on the date listed above and will abide by all of the guidelines listed below:

SET-UP/PARKING

Vendors agree to set up their space on **Sunday, March 18** during the hours of 12:00 pm to 1:30 pm. Vendor parking is permitted through the parking lot during these hours only.

DISPLAY POLICY

There is a 2 table maximum for each vendor. Tables are 6ft x 30inches. Each table will have 2 chairs. Wellington Cares will grant tables in the order the applications are received and will notify vendors if there are changes. There is a limited number of vendors, and will be first come, first serve.

Wellington Cares will cover all tables with a tablecloth. Vendors are allowed to use other linens on top of the table to enhance merchandise presentation.

MERCHANDISE POLICY

Vendors will display only merchandise that is described on the Application/Contract, and agree to have sufficient inventory for the duration of the event.

STAFFING/BREAKDOWN

Vendors agree to staff the table from 1:30 pm to 5:00 pm on **Sunday, March 18**. The event will begin at 2:00 pm. and vendors agree to break down the space no earlier than 4:30 p.m. on **Sunday, March 18**, and will complete break-down by 5:30 p.m., **Sunday, March 18**. If a vendor wants to attend the tea, tickets will be sold separately.

FEES

I understand that the vendor application fee is \$25 per first table and \$20 per additional table. Application fees are due at the time of application submission. I understand that 10% of proceeds will be donated to Wellington Cares following the close of the event.

By submitting my Application and signing this Guidelines document, I agree to participate in the Wellington Cares Tea and Trinkets event and each of the above mentioned guidelines.

VENDOR SIGNATURE _____ **DATE** _____

VENDOR COMPANY _____



**Wellington Cares Tea & Trinkets Vendor
Application/Contract**

Vendor/Company_____

Contact Person_____

Address_____

City, State, Zip_____

Phone_____Email_____

Product Description_____

Website_____

#_____of tables requested_____ \$25 fee (first table)_____ \$20 fee (each additional table)

Payment Enclosed: _____ Check _____ Credit Card _____ Cash _____ Paid Online

Application Due by March 12, 2018

Send to: Diane Gutman - Wellington Cares
11924 Forest Hill Blvd.
Suite 10A-223
Wellington, FL 33414

Or email to: WellingtonCares.Volunteers@gmail.com

Be sure to submit:

1. Completed Application/Contract and Payment (this page)
2. Signed contract guidelines
3. One JPG image of your logo or brand (via email: WellingtonCaresMarketing@gmail.com)

Signature_____

Date:_____