



Presents

"TASTE OF THE CARIBBEAN"
CARIBBEAN HERITAGE FESTIVAL
In Celebration of Caribbean American Heritage Month

SATURDAY, JUNE 1, 2024
VENDOR REGISTRATION FORM

(Application Deadline: May 15, 2024; additional \$50 non-refundable fee after May 15, 2024)

Business Name: Contact Person/Title:

Mailing Address: E-mail:

Tel. Nos.: Bus.: Cell:

Authorized Signature: Date:

LARGE FOOD VENDOR - SPACE

Table with 5 columns: LOCATION, REQUIREMENTS, SPACE DIMENSIONS, COST \$\$, AMOUNT ENCLOSED. Includes details for assigned space, requirements, and costs.

() Certified Check enclosed () Check mailed (space assignments provided upon receipt of payment) Amount Paid: \$

Checks should be made payable to:

PGCCC

P.O. Box 6936, Capitol Heights, MD 20791

OR

PayPal: ccpgchub@gmail.com

FOR ADDITIONAL INFORMATION CONTACT

240-462-2708

E-mail: ccpgchub@gmail.com