

I'm In Transition Ministries

Event Vendor Form

Wade Oval Park
10820 East Blvd.
Cleveland, Ohio 44106



NAME: _____

ORGANIZATION: _____

EMAIL: _____

PHONE: _____

Register with this form or online at www.IITMinistries.com. For inquiries, please submit questions to the designated IIT Coordinator Trina Reynolds at trinar.iit@gmail.com or 216.203.3532 or 216.389.7413.

- Fee:** **Merchant Vendor** \$50 - Fee includes (1) 6-8" table and 2 chairs. Booth space with electricity is limited and available on a first come-first serve basis. Tents available upon request w/additional cost. You're welcomed to bring your own.
Recovery Vendor (No Selling) \$30 - Fee includes (1) 6-8" table and 2 chairs. Booth space with electricity is limited and available on a first come first serve basis. Tents available upon request w/ additional cost. You're welcomed to bring your own.
Food Vendor \$120 - Fee includes. Booth space with electricity and water available.

Deadline: Completed form and payment must be received 5 days prior to event for inclusion.

Payment: Payment can be made by Credit Card (Per donate tab on website or below), Check, Cash App (\$ClevelandCelebration) or Make checks payable to I'm InTransition Ministries. Please note the location of the event (Wade Oval Park) on the memo line of your check. If paying by credit card, please include payment information below. Return completed form and payment to I'm In Transition Ministries by fax or email.

Set-Up: IIT Coordinator will send an email with set up and tear down instructions.

Vendors agree to permit use of their organization's name on I'm In Transition promotional materials. I'm In Transition Ministries reserves the right to refuse any vendor application. Should this occur, fees will be returned. The Vendor shall hold I'm In Transition Ministries the event location, their affiliates, volunteers, staff, and sponsors from any claims, loss or damages for any reasons including acts of God, liability, or any other loss or injury whatsoever or not specifically described herein, whether past, present or future. Exhibitors are responsible for safeguarding their goods and should have replacement cost insurance for all personal property. Vendor/exhibitor assumes all liability for protecting, care and maintenance of their property. Any vendor not holding valid liability insurance exhibits at their own risk and are responsible for all liability.

DO YOU REQUIRE ELECTRICITY: _____

PAYMENT: CHECK ENCLOSED # _____

I PAID ONLINE VIA DONATE BUTTON : _____

CHARGE CARD: VISA MC AMEX

If placing credit card information on this form,
please fax it to 216.916.0995

Expiration Date:	3 Digit CVV Code:	Billing Zip Code:
Signature:		Date:

2490 Lee Boulevard, Suite 308 Cleveland Heights, Ohio 44118
Office Phone: 216-389-7413 Email: hadassah110@gmail.com Fax: 216-916-0995

