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ENTERTAINERS INFO:						
BUSINESS NAME:						
CONTACT NAME:				CELL#:		
MAILING ADDRESS:				POSTAL CODE:		
EMAIL:						
EVENT DETAIL INFO: I	am interested i	n become a Vendo	or during this t	ime period		
TYPE OF ENTERTERTAINA	MENT BOOKED:					CHECK
DATE (D/M/Y):	26-Jul-24	TIME START:	7:00PM	TIME END:	9:30PM	
DATE (D/M/Y):	27-Jul-24	TIME START:	11:00AM	TIME END:	4:30PM	
Hourly cost of	vendor service?			_		
Additional not	es from Vendor:					
COORDINATOR CON	TACT INFO:					
NAME (1): Carol				CELL (1)#:		
NAME (2): Candice				CELL (2)#:		
EMAIL: legalfete@outlook.com				ADDRESS:	Box 214, Legal A	В
				POSTAL CODE:	TOG 1L0	
ENTERTAINERS REQUIR	REMENTS:					
PLEASE PROVID	DE BELOW COPIES BY	JULY 1ST				
PROOF OF VALID INSURANCE:				# OF TABLES:		
INVOIC	CE FOR SERVICE:			POWER REQ'D:		
FETE COMMENTS:						

Map of area and parking will be made available closer to date of event.

PLEASE COMPLETE AND RETURN COPY TO LEGALFETE@OUTLOOK.COM

WWW.FETEAUVILLAGE.COM