



BUTTERFLY PROJECT FUND, INC.

P.O. Box 2553
Stamford, CT 06906
www.butterflyprojectfund.com

VENDOR CONTRACT

(Please complete the requested information, fax to 203-274-5400, and mail contract with payment to the address above)

Event & Date: _____

Location: _____

City/State: _____

Start Time: _____ (Vendors must set up 1 hour before event start time)

Vendor Fee: \$100 per table

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone # / Fax #: _____

Email Address: _____

Items to be Sold: _____

Number of Tables Needed: _____

Our Policy:

- You will receive an email confirming your application and space
- Electricity is not provided
- The sale of food is not permitted
- A 6' table and 2 chairs are provided for each vendor
- Vendors are responsible for their own property
- The Butterfly Project Fund has the right to determine participation

Signature

Date