

Please check here if you are a Heritage Club/Organization: _____

HERITAGE POWWOW VENDOR REGISTRATION FORM

Vendor Information

Contact Name _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Temporary Food Service Permit Number (when applicable) _____

(for more information, contact Yakima Health District (509) 249-6508) Food Vendors are responsible to comply with Yakima Health District regulations.

Type of Food / Products Selling _____

Equipment Supplied by Vendor: Vendor is responsible to supply their own table, chairs, etc. for a 10 ft. x 10 ft. space.

Special Needs: Please check if needed:

Electricity _____ (Limited available, first come first serve)

Other _____

Vendors need to supply their own power source for equipment. Heritage University can provide potable water, but vendors need to supply a hose and fittings for access.

Indian Arts and Crafts Act of 1990 (P.L. 101-644) applies to vendors marketing of Indian arts and crafts products

Signature _____ Date _____

Please email the completed form to Delaine DeMontine, at DeMontineD@heritage.edu and Brittani Yohn, at Yohnb@heritage.edu.

For general inquiries please email powwow@heritage.edu. Thank you.