



Vendor Application

Date: _____

Name of Business / Organization: _____

Business Address: _____

Contact Name: _____ Phone Number: _____

Fax Number: _____ Email: _____

Item(s) to featured: _____

Vendor Pricing:

Food Vendor - \$1,000

Retail Vendor - \$500

Non-Retail Vendor - \$350

Please provide the following items WITH this contract:

- Check or Money Order in the full amount, made payable to "March of Dimes"
- (Food Vendors Only) Vendor License
- (Food Vendors Only) Approval of Tri-County Health Department

Please complete and return to:

March of Dimes / MUDD Volleyball

Attn: Mikayla Houser

1325 S. Colorado Blvd., Suite B508

Denver, CO 80222

* All contracts and checks are due to the March of Dimes by July 28th 2011.

The mission of The March of Dimes is to prevent birth defects, low birth weight, and infant mortality through programs of education, research, advocacy, and community services.