

**Non-Profit/Health Affiliates
Contract Form**

**Hispanic Community Development Center, Inc.
Presents**

“VIVA GOLDSBORO!”



Vendor Name: _____

Address: _____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

**Non-Profit/Health Affiliates
Contract Form**

Signature: _____

Date: _____

Festival Date: Saturday, May 2, 2009

Time: 9:00 a.m. to 5:00 p.m.

Location: Cornerstone Commons

Corner of Center & Chestnut St.

Goldsboro, NC 27530

Deadline for space: April 17, 2009

Set up time: 7:00am-8:30am

Vehicles must be moved to parking area out side of event area 1 hour prior to event opening to the public.

You must wait until the end of the event to close up.

All spaces are the sole responsibility of the vendor and must be cleaned up at the end of the event.

All participants are responsible for supplying their own equipment, i.e.; tables, chairs, tents, etc.

The Hispanic Community Development Center will not be held liable for loss, theft or injury.

This, the _____ day of _____, 2009

I agree to these terms.

Vendor's Signature

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**Please contact HCDC with any questions or for more information. Tel: (919) 736-0312 Fax: (919) 736-0313
Email: hcdcexecadmin@bellsouth.net**

Please complete, send form to:

**Hispanic Community Development Center
C/o Tammy Cartagena
309 Potts Rd.
Dudley, NC 28333**