



STERLINGFEST 2015
Celebrating 28 Years

SterlingFest
PO Box 2754
Sterling, VA 20167
www.sterlingfoundation.org
click: sterlingfest link

REGISTRATION FORM –Event Oct 10, 2015 11:00 AM-5:00 PM

Please note that spaces are available on a first come first serve basis. **Your payment must be received by September 8, 2015 to secure your 10’ x 10’ booth space.** Please be aware that sponsorship opportunities are also available. For sponsorship information, please visit www.sterlingfoundation.org and click the SterlingFest link. If you have any questions concerning booths, please contact Willie West-Cell # 202-374-1772 or Jeanne West # 703-450-4365 or email awestjwest@gmail.com. Mail your application with your check or money order payable to:

Mail to: **SterlingFest**
PO Box 2754
Sterling, VA 20167

CONFIRMATION LETTERS WILL BE MAILED BY SEPTEMBER 22, 2014.

Applications will be accepted thru September 8, 2015.

Request for specific booth spaces cannot be guaranteed.

Spaces will be assigned on a first come, first served basis.

Spaces are limited so please send your application in as early as possible.

Businesses with the same corporate name (i.e. Mary Kay, Longerberger Baskets) will be on a first come first served basis.

Only one of each direct marketing business will be allowed. The first Application/payment received will be the first accepted.

This is an indoor/outdoor event and will be held rain or shine Oct. 10, 2015

No refunds will be given. A \$30 fee will be charged for checks with insufficient funds.

Please be reminded that all vendors are required to furnish their own tables
A table can be provided for an additional fee of \$5.00

(Cut here and return bottom portion)

Name to appear on program: _____

Contact Name: _____ Home: (____) _____ Office: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

Product Description: _____

Vendor type please check only one: Business Vendor: ____ Business Food Vendor: ____ Fraternal Food Vendor: ____

Craft Vendor: ____ Non Profit Vendor: ____ Home Base Vendor: ____ *(Yes an additional \$5.00 Table Fee is included ____)*

Please fine your appropriate category and cost on the attached Registration Rate Sheet.

Description of product or service _____

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____ CK# _____ SPACE #: _____