



2024 RNA PRODUCT VENDOR APPLICATION

St Albert, Alberta (Saturday, Aug 10, 2024)

APPLICATION DATE: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

Phone number you can be reached at: _____

- **LOCATION** (Information only - your location will be assigned at a later date)

Saturday – Lions Park, Centennial Park

- **PRODUCT OR SERVICE** _____

- **ELECTRICAL NEEDS** – We do not provide power. Quiet generators only for Saturday’s event.
(If you arrive with a noisy generator, you will be asked to leave without a refund)

- **SPONSORSHIP:** Cost is \$1000 or more donation to the ADF - official receipt and custom-sized space available. If you are interested in being a sponsor for this event, check here _____

- **COST INFORMATION** - DEADLINE FOR APPLICATION IS **JULY 19, 2024**

Early Bird Special - \$200 (plus \$10.00 GST) per day included if full payment and application received before April 15th.

After April 15th - \$225 (plus \$11.25 GST) per site per day

NOTE: SPACE PROVIDED: 20 foot long by 10 foot deep (any extra space needed is an additional \$5 per foot)

If you need extra space, how much do you require? _____

PAYMENT – Mark amount in appropriate box on right and total with GST

SATURDAY	\$
If extra space is needed beyond the 20x10 feet provided, calculate additional cost per linear foot. _____ ft @ \$5 Linear foot	\$
<i>SUBTOTAL</i>	\$
GST – Calculate 5% on Subtotal	\$
<i>TOTAL FEES INCLUDED</i>	\$

PAYMENT OPTIONS:

- EFT to **ROCKNAUGUST1996@GMAIL.COM**
- VISA
- Mastercard
- Cheque (payable to Rock’N August)

Card # _____

Exp: __ __ / __ __ CVC _____

Authorized Signature _____

- DEADLINE FOR APPLICATIONS ARE **JULY 19, 2024**. Please **email, fax or mail** this completed registration form (both pages), plus COMPLETE PAYMENT, using the information below:

Email: RNA.Vendor@gmail.com

Mail: Jukebox Saturday Night c/o Rock n August
P.M.B. Box 121 3 – 11 Bellerose Dr. St. Albert, AB T8N 5C9

Fax: 780-458-6515

OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____

DATE PAYMENT RECEIVED: _____

AMOUNT RECEIVED : _____