



## VENDOR AGREEMENT

Dear WCHS Paws in the Park Vendor,

We hope you can join us for our Paws in the Park. These are the details you will need if you wish to attend.

DATE: Saturday, September 7th

WHERE: Jackson Park, Jackson

TIME: 8am for set up, 9am for PAWS participant registration, 10am the walk begins.

Please fill out the following information and return it to us as soon as possible. If you have any questions, please call (262)677-4388 or email [pr@wchspets.org](mailto:pr@wchspets.org). The charge to be a Vendor is \$25. If you would like WCHS to provide you with a table and two chairs there will be a fee of \$10. Please indicate whether you will be bringing your own table or if you would like one provided on the form below. **Payment must be received no later than August 17th.** We also ask that you donate a raffle basket (valued at \$50 or more). Please attach your business card to the basket. We would also be happy to include your business card or trinket in our dog walking packets. **We would need these items no later than August 17th.** In case of rain we will have a party at the shelter.

Please mail registration to: THE WASHINGTON COUNTY HUMANE SOCIETY – Attention: Debbie Block  
3650 State Road 60, Slinger WI 53086

### PLEASE CUT OFF BOTTOM PORTION AND RETURN TO WCHS

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WCHS Paws in the Park Vendor Registration Please return this form no later than August 17th

Business Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

- Yes, I will be attending I will bring my own table.
- Please provide a table & chairs (\$10 fee – please enclose payment)
- I will be bringing a tent I will need an extra space

Raffle Item Estimated Value: \_\_\_\_\_ This item will be: \_\_\_\_\_

I have enclosed business cards to be used for dog walking packets I will be dropping off trinkets to be used for dog walking packets. This item will be: \_\_\_\_\_

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Thank you for helping to make Paws in the Park a success. We look forward to lots of sunshine, participants and exposure for our vendors.

PAYMENT

Enclosed is my payment (Please make check payable to The Washington County Humane Society)

Charge my payment to my (please circle):    MasterCard                  Visa                  Discover

Credit Card #

Exp. Date

Security Code (on back of card)

Name on Card:

Signature: