

MERCHANT CONTRACT • Festival 2011 • Oct. 7-9 • Frederick, MD

Merchant _____
Address _____
City _____ State _____ Zip _____
Contact person _____ Phone (____) _____

Type of Merchandise: _____

If you need tables, check ___one table ___two tables
[you must provide your own racks]

Please reserve the following space for _____ Fri., _____ Sat., _____ Sun.
_____ 2 days, _____ 3 days.

One Day \$110
Three Days \$220

I wish to make a contribution to the Council's programs, as follows:

Scholarship Fund \$ _____ amount
General Operating Expenses \$ _____ amount
Annual State Dance Festival \$ _____ amount

Total Amount Enclosed \$ _____

Please make checks payable: *Maryland Council for Dance* and send with your application to

Debbie Meyers, treasurer
MARYLAND COUNCIL FOR DANCE
10390 Swift Stream Pl., #410
Columbia, MD 21044