

**MERCHANT CONTRACT • Festival**

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     \$100  
Three Days   \$200

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