

Section 1: Contact Information

Name of Business:
Contact Person:
Address:
City/State/Zip:
Telephone:
Fax:
Mobile No:
Email:



OFFICIAL HEALTH PAVILION APPLICATION

Juneteenth Festival
 P.O. Box 973
 Syracuse, New York 13201
 315.422-9400
 festival@syracuse-juneteenth.org
www.syracuse-juneteenth.org

Section 2: Description of Services to be promoted at the festival

Section 3: Rental Needs

- 10'X10' Tent...\$250 10'X20' Tent...\$350

Section 4: Utilities

- I have utility requirements Please describe your requirements on the Utility Request Form.

Section 5: Payment Terms and Condition of the Agreement

I have read and agreed to all the terms and fees listed above and the terms and fees listed in the Juneteenth Festival Health Pavilion Application 2009. Attached is full payment in the amount of \$150.00 Vendor Signature: _____ Date: _____	For Official Use Only
	Payment Method: _____
	Forms Submitted: _____
	Insurance: _____
	Tent Permit: _____