

3rd Annual Walk & Roll Move for Autism Picnic

Vendor Registration Form

Friday, March 29th 10am-2pm

Granite Creek Park, Prescott AZ



Vendor Information

Business Name: _____

Contact Person: _____

Email Address: _____ Contact Phone Number: _____

Business Address: _____

Website: _____

Types of Products/Services you offer - a brief description

Picnic Participation

Number of Staff Attending: _____ Bringing a table a tent
Vendor set-up begins at 8:30am - Lunch included

Signature: _____

Date: _____

Submission:

Please submit the completed form via email to d.eder@polarahhealth.com by March 1st.
Please include your logo in a png or jpg format.

Please submit the vendor fee \$50 via check to: Polara Health

Should you have any inquiries or issues regarding the vendor fee, please contact Deanna directly
d.eder@polarahhealth.com or 928-583-4768

Polara Health

Attn. Deanna Eder / Autism Picnic

3343 N. Windsong Drive

Prescott Valley, AZ 86314

Thank you for your interest in being a part of the 3rd Annual Walk & Roll Move for Autism Picnic! We look forward to having you as a vendor.



Polara Health