



VERNON PARKS AND RECREATION DEPARTMENT

120 SOUTH STREET, VERNON, CT 06066

Tel: (860) 870-3520

Fax: (860) 870-3525

www.vernonrec.org

Vendor Program Application

Please complete all sections of the application and return this form to the Vernon Parks and Recreation Department. Parksandrec@vernon-ct.gov

Organization/Business name: _____

Primary contact person: _____

Phone number: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Please describe the program(s) you would like to offer:

Who is your target audience? (eg; families, children ages 3-5, etc.)

What is your program instructor fee?

Are you planning to provide all your own supplies? Yes No

In no, what will you need from us or participants?

What facility do you require to run this program? (eg; gymnasium, classroom, field, etc.)

Have you offered this program before? Yes No

If yes, how long have you been offering this program and where have you offered this program?

Do you or your organization carry insurance? Yes No

Please list three professional reference.

Name	Phone number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If available please include a previously used program advertisement, description or website link

Thank you!