

Covenant Family Chapel (CFC) 20th Anniversary Vendor Community Event Registration Form

Vendor Information:

- Name: _____
- Business Name: _____
- Address: _____

Contact Information:

- Email: _____
- Phone: _____
- Social Media:
 - Facebook: _____
 - Instagram: _____
 - Twitter: _____
 - Other: _____

Business Information:**1. Product/Service Offered:**

Please specify the type of product or service you offer (e.g., food, clothing, crafts, etc.):

2. Business Description:

Briefly describe your business and what you plan to offer at our event:

Important Notes:

- All businesses welcome: Anyone with a business is welcome to participate, including those shipping cars to Ghana and elsewhere.
- Food vendors: Please use small sample-size containers for food samples. If you plan to serve larger quantities, you are required to have \$1 million in liability insurance. Please provide proof of insurance if applicable.

Liability Insurance (if applicable):

- Insurance Provider: _____
- Policy Number: _____
- Expiration Date: _____

Agreement:

By submitting this form, I agree to comply with all rules and regulations set forth by Covenant Family Chapel. I understand the requirements regarding food safety and liability insurance.

Signature: _____

Date: _____