

In collaboration with



Company: _____

Contact Person: _		
Address:		
City:	State:	Zipcode:
Telephone:	Instagram:	
Email:		
	Pop-Up Infor	mation
	Daily Fee: \$75 B	oth Days: \$100
Jı	uly 30, 2021: J	uly 31, 2021
	Hours: 2p - 7p	10a - 7pm
Zelle	Payment Info	
Ze	Elsa Me elle: 773-656-7169 Ve Make check payable	nmo: Elsa Mejia
	Locatio	n
	Belmont Cragin Com	munity Garden
4	646 W. Parker Ave. C	hicago, IL 60639
Vendor understands that this a	agreement shall be lega	0'. A porta-potty and sanitizer will be on site. ly binding between event producer and vendo es to all contract terms and signing policies.
Signature:		Date:

A portion of the proceeds will benefit the Belmont Cragin Community Garden.

Please email this form to info@spreadlovechicago.org