



Vendor Participation Form

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Wine Varietal/Microbrew (Min 2/Max 4 per table please provide name with brief description)

Restaurant/Food item

Participation/Attendance

I will provide staff for my table.

Please provide volunteers for my table.

I would like to offer my product for sale, please send info.

SHIPPING DIRECT?

Ship to: EvCC Foundation 2000 Tower Street Everett, WA 98201 Attention Sharon Johnson

_____ We are unable to attend but will make a donation for the Gusto! raffle.

Donated Wine (*Please provide dollar amount or equivalent for silent auction*)

Quantity Item Description

PLEASE FAX OR E-MAIL COMPLETED FORM TO:
425.388.9531 or sjohnson@everettcc.edu

MAIL TO:
SHARON JOHNSON
EVERETT COMMUNITY COLLEGE FOUNDATION
2000 TOWER STREET, EVERETT, WASHINGTON 98201