

**Mumford High School Alumni Association**  
**VENDOR-BUSINESS NETWORKING OPPORTUNITY**  
**VENDOR REGISTRATION FORM**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone#: (\_\_\_\_) \_\_\_\_\_ Alt. Phone# (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

**Mumford Grad- Class of 19**\_\_\_\_\_ (indicate graduation year)

**Type of business:** For-Profit or Non-Profit

**Type of Business & Indicate** (circle) which item(s) will be displayed/sold at this event.

Photography          Clothing/Apparel          Published Works          Entertainment

Personal Services    Education/Products          Crafts or Hobby          Other \_\_\_\_\_

Price range of items: \$ \_\_\_\_\_ (min.) to \$ \_\_\_\_\_ (max.)

**Vendor Registration Payment:**

**No. of tables** \_\_\_\_\_ **x \$35 Alumnae OR \$50 Non-Alumnae =**  
**Payment Amount Enclosed: \$** \_\_\_\_\_

**Submit this form with check or money order made payable to the Mumford HS Alumni Association.**

Mail to: Mumford HS Alumni Association  
C/o Vendor Registration  
P.O. Box 211188, Detroit, MI 48221-1188

**Disclaimer:** Space can only be guaranteed when payment is received and processed prior to the event date. The Mumford HS Alumni Association is not responsible for any lost, damaged or stolen merchandise. NO refunds will be given under any circumstances.

I, the undersigned, understand that I will be provided one (1) table 6ft-8ft and two chairs, per paid registration fee. I have read the criteria for vendors. My paid registration fee is enclosed for each space that I have requested. I acknowledge the disclaimer.

**Vendor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This space is for use by MHSAA Vendor Coordinator.

Table/Space# \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_

Confirmed by \_\_\_\_\_

Date payment received: \_\_\_\_\_ Check/Money Order# \_\_\_\_\_

Comments: \_\_\_\_\_