

Vendor Application

**Vendor Type:**

See guide for descriptions

- Product
- Special Event
- Recreational Activity
- Non-Profit

Vendor Name: _____

Location: _____
Street Address

_____ *City* *State* *ZIP Code*

Vendor Website: _____

Vendor Description: _____

Please explain how you will serve the YMCA and Y Guides:
(Please use a separate sheet if necessary.)

If event-based, Name of Event: _____ Date of Event: _____

Would you like your information to be placed on www.arapahoe-nation.org? YES NO

Would you like: To provide participants with special discount/pricing? YES NO

To be invited to special Y Guides Events? YES NO

To use the Y Guides Logo? YES NO

To make a donation to the YMCA WeBuildPeople Campaign? YES NO

Approval must first be received from the Y Guides office for all listings, links, promotional materials, press releases, use of the logo and is contingent upon your selection as a Y Guides approved vendor.

Vendor Contact Information

Full Name: _____
Title First Last

Address: _____
Street /Mailing Address Suite #

_____ *City State ZIP Code*

Primary Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

I have thoroughly reviewed the Y Guides Vendor Application Guide and I agree with all terms and conditions. Upon approval Y Guides & Princesses will refer your program/business/organization but will not be held legally liable for any occurrence. Therefore, your business practices must be of a sound nature and be appropriate for our participant base of children aged 6-11 and their fathers. SAFTEY should be a priority. We hold the right to inspect your business practices at anytime and will discontinue our relationship immediately if anything is found to be unsatisfactory.

Signature and Title

Date

Please complete application and return to:

YMCA of the Triangle Area, Inc., Attn: Y Guides-Vendor Relations, 801 Corporate Center Drive, Suite 200, Raleigh, NC, 27607 or fax to (919) 719-9634 or via email: vendor.relations@ymcatriangle.org.

Note: If you are a special event, recreational activity or non-profit vendor please include, as part of your application, a copy of your letter of insurance that shows a minimum coverage of \$1Million.

Application Period: October 1-31