



Gay & Lesbian Community Council, Inc.

518.462.6138 | www.cdglcc.org | PO Box 131, Albany, NY 12201

CAPITAL PRIDE 2008 FOOD VENDOR APPLICATION

BUSINESS NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
CONTACT NAME:	
TITLE:	
DAY PHONE:	EVENING PHONE:
E-MAIL:	FAX:
If the person responsible for your vendor area is someone different than above, please provide:	
VENDOR AREA COORDINATOR:	
DAY PHONE:	EVENING PHONE:
E-MAIL:	
Number of Vendor Spaces Needed:	
Please provide a sample menu or detailed list of the food you will be providing (if you need more room please attach another sheet):	
If your space requires any special services (generators, lighting, etc.) please explain what and state who will be providing these services. (The CDGLCC can not guarantee the provision of any services. It is best to come prepared not to have direct access to electricity, etc.)	

I have read the preceding information page and agree to follow the Capital Pride Festival Rules (please sign):

ORGANIZATION REPRESENTATIVE: _____ DATE: _____

EXHIBIT COORDINATOR (if different): _____ DATE: _____

Please enclose fees and check payable to:
CDGLCC
Attn. Capital Pride
P.O. Box 131, Albany, NY 12201